

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096611 (5)

1. Corporation Name

HOOFBRAUHAUS, INC.



Principal Place of Business

7563 STATE ROAD 7
LAKE WORTH FL 33467

Mailing Address

7563 STATE ROAD 7
LAKE WORTH FL 33467

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

RAY, PETER R
712 US HIGHWAY ONE
NO. PALM BEACH FL 33408

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607 (040) and 607 (150), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 (50), Florida Statutes.

SIGNATURE

Signature of President or Secretary of the Corporation

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME
12.2 STREET ADDRESS
12.3 CITY, ST, ZIP
12.4 TITLE
12.5 NAME
12.6 STREET ADDRESS
12.7 CITY, ST, ZIP
12.8 TITLE
12.9 NAME
12.10 STREET ADDRESS
12.11 CITY, ST, ZIP
12.12 TITLE
12.13 NAME
12.14 STREET ADDRESS
12.15 CITY, ST, ZIP
12.16 TITLE
12.17 NAME
12.18 STREET ADDRESS
12.19 CITY, ST, ZIP
12.20 TITLE

13.

13.1 NAME
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP
13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST, ZIP
13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST, ZIP
13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST, ZIP
13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Benjamin J Steall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-96

(407)
964-9804

CR2E034 (12/95)