FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000010582 (0)

FILED Apr 14 1998 8:00am Secretary of State

ROBER	T J. HOFFMAN, P.A.					11: 1 11 6 1 11 5 1
Principal Place	e of Business	Mailing Address			<u> </u>	#1NE (()) 1891
·	A KEY BRIVE S.C.	4910 COQUINA KEY DRIVE	_			
ST PETERSBURG FL 33705 ST. PETERSBURG FL 33705		-				
<u> 118 - </u>				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
a Principal Pl	ace of Business	2a. Mailing Address		01/31/1996 4. FEI Number		
	OW BAY DAVE	26 2530 W	BAY Drive	59-3365617		Applied For
Suite, Apt.		Suite, Apt. #, etc.	· OI) DICIO	38-3303017	60 75	Not Applicable Additional
22		27		Certificate of Status Desired		Required
City & State	(1 220-	City & State	<u></u>	6. Election Campaign Financing		May Be
23 LA1	60, PL 3770	28 LATILOO,	17	Trust Fund Contribution		to Fees
Zipana	Country	70700	Country	8. This corporation owes or has pa	id the current fear Ir	ntangible
24 751	70 25		J.S.	Personal Property Tax due June		□ No
	g. Name and Address of Current I	Registered Agent		10. Name and Address of New Re	gistered Agent	
HO	FFMAN, ROBERT J		81 Name T	Laboration Halling	AN ESU	liter
491	O-GOQUINA KEY DRIVE G.E		82 Street Add	ess (P.O. Box Number is Not Acceptab	ie)	
ST	PETERGBURG FL 33705			30 W BAY DAIN	<u> </u>	
_			63			
			84 City / 1	16.0	- 85 Zjo	Code
			L. C. C.	1 60	FL 7	33770
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligati	Florida Such change was au ons of, Section 607.0505, Flori	thorized by the corporat da Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	ot the appointment as	s registered
	Signatura, typed or printed name of registered agent of OFFICERS AND		Registered Agent signature requi		DATE	
TITLE	D DEFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	Change	
NAME	HOFFMAN, ROBERT J.	L_ better	1.2 NAME		Onange	Addition
STREET ADDRESS	4910 COQUINA KEY DRIVE S.E	:	1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL	••	1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		Change	Addition
NAME		- ·	2.2 NAME			_
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME		- •	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME		_ -	6.2 NAME		_ *	_ "
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. I hereby o	ertify that the information supplied with	this filing does not qualify for	the exemption stated in	Section 119.07(3)(i). Florida Statutes 1	further certify that th	ne information
indicated officer or o Block 12 o	on this annual report or supplemental a director of the corporation or the receiv or Block 13 if change I, or in a lattach	annual report is true and accur or or thistey empower one as ment with all address	rate and that my signaturecute this report as req	Section 119.07(3)(i), Florida Statutes, I ire shall have the same legal effect as if uired by Chapter 607, Florida Statutes;	made under oath; the and that my name a	hat I am an ppears in

4/7/98 8/3-585-2050 Bate Daytine Proce + 0580929

SIGNATURE: