## 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 # P96000011110 (9)

MICHELE J. HODKIN, P.A.

**FILED** Apr 28 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		r iddilads tia laidd dylli ddire maret ddire ddire	a: 11261 1(00) (1611 6611 (80)	
1903 & CON	BRESS AVE	1903 S CONGRESS AVE				
SUITE 300	I EL 90400	SUITE 310		DO NOT WRITE IN THIS	SDACE	
BOCA RATO	4 FL 30420	BOCA RATON FL 33426 US		3. Date Incorporated or Qualified	OI AGE	
				01/31/1996		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 480C	North Federal Highway	26 4800 Norm	federal High	way 65-0636512	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	U	5. Certificate of Status Desired	\$8.75 Additional	
22 80		27 aoib		B. Continuate of Status Desired	Fee Required	
City & Stat	- 0-11 KI t	City & State	10. FC	6. Election Campaign Financing	\$5.00 May Be	
23 200C	Country Country	Zin	Country	Trust Fund Contribution	Added to Fees	
24 733	921 - 1.02	29 33431	- 1 1 - V 1	This corporation owes or has paid the cur     Personal Property Tax due June 30.	Yes No	
	Name and Address of Current Re			10. Name and Address of New Registered		
LIODAN MICHELE						
				AICHETE J HOCKING Idress (P.O. Box Number is Not Acceptable)		
SUITE 301 W BLDG			480	o North Federal High	wav i	
BOCA RATON FL 33431				11+C 201 B	1	
			84 City	314C ×01 B	85 Zip Code	
			! Bo	ca Raton, FC FL	35431	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the corporation is board of directors. Learney account by appointment as registered						
agent la	office or registered agent, or both, in the State of Jorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am tanilinar with, and accept the obligation of the composition of the appointment as registered.					
SIGNATURE MUNICUO HOURS				4/15/148	<u> </u>	
Surface: Specific Printed name of registers of apport and title if applicable (NOTE: Registered Agent signatur  12. OF HOLERS AND DIRECTORS  13.					2 DIDECTORS IN 10	
TITLE	D	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition	
NAME	HODKIN, MICHELE J	<b>2</b>	1.2 NAME	Jeffrey m. ostrow	_	
STREET ADDRESS	1900 CORPORATE BLVD NW SU	IITE 301	1.3 STREET ADDRESS	4800 North Federal	Highway, 2010	
CITY-ST-ZIP	BOCA RATON FL 33431			Boca RatoniFL 334	31 <sup>6</sup> .	
TITLE		DELETE	21 Title <b>()</b>		change Addition	
NAME				41 Chele J Hockin	11 -3	
STREET ADDRESS				4800 North Rederal		
CITY-ST-ZIP			2.4 CITY-S1-ZIP	2018, BOCA RATON, PL 3	3431	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAM5			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			44 CITY-ST-ZIP		···	
TITLE		☐ DELEÎE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		J	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP		<u> </u>	
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME		ĺ	
STREET ADDRESS	•		6.3 STREET ADDRESS			
CITY-ST-ZIP			64 CITY-ST-ZIP		1	

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 that goes or on an attachment with an address.