

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90039 023 \*\*\*150.00

DOCUMENT # P96000011110

1. Corporation Name  
HODKIN & OSTROW, P.A.

Principal Place of Business

4800 N FEDERAL HWY  
SUITE 201-B  
BOCA RATON FL 33431  
US

Mailing Address

4800 N FEDERAL HWY  
SUITE 201-B  
BOCA RATON FL 33431  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1996

4. FEI Number

65-0636512

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 1903 South Congress Ave

2a. Mailing Address

26 1903 South Congress Ave

Suite, Apt. #, etc.

22 310

Suite, Apt. #, etc.

27 310

City & State

23 BOYNTON BEACH FL

City & State

28 BOYNTON BEACH FL

Zip

24 33426

Country

25 USA

Zip

29 33426

Country

30 USA

9. Name and Address of Current Registered Agent

HODKIN, MICHELE J  
4800 N FEDERAL HWY  
SUITE 201-B  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name MICHELE J HODKIN  
82 Street Address (P.O. Box Number is Not Acceptable) 1903 SOUTH CONGRESS AVE SUITE 310  
83  
84 City BOYNTON BEACH FL 85 Zip Code 33426

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 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HODKIN, MICHELE J  
STREET ADDRESS 1900 CORPORATE BLVD NW SUITE 301  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE V ☐ DELETE

NAME OSTRON, JEFFREY M  
STREET ADDRESS 4800 N FEDERAL HWY, SUITE 201-B  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE P ☐ DELETE

NAME HODKIN, MICHELE J  
STREET ADDRESS 4800 N FEDERAL HWY, SUITE 201-B  
CITY-ST-ZIP BOCA RATON FL 3343

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE UP ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE P ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0337915