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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000045989 (6)

1. Corporation Name
HOEFER ENTERPRISES, INC.



Principal Place of Business
766-B HUDSON AVE
SARASOTA FL 34236

Mailing Address
766-B HUDSON AVE
SARASOTA FL 34236-7739

3. Date Incorporated or Qualified 05/23/1996	3a. Date of Last Report N/A
4. FEI Number 65-0669425	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1213 N. Palm Ave. Suite, Apt. #, etc. 22 8 City & State 23 Sarasota FL Zip 24 34236	2a. Mailing Address 26 1213 N. Palm Ave. Suite, Apt. #, etc. 27 City & State 28 Sarasota FL Zip 29 34236	Country 25 USA 30 USA
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9. Name and Address of Current Registered Agent
BONE, DAVID D
766-B HUDSON AVE
SARASOTA FL 34236

10. Name and Address of New Registered Agent 81 Name André S. Hoefler 82 Street Address (P.O. Box Number is Not Acceptable) 1213 N. Palm Ave. 83 84 City Sarasota FL 85 Zip Code 34236
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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]* (NOTE: Registered Agent signature required when reinstating) DATE 1/29/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BONE, DAVID D		1.2 NAME	
STREET ADDRESS 766-B HUDSON AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34236		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME André S. Hoefler	
STREET ADDRESS		2.3 STREET ADDRESS 1213 N. Palm Ave.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Sarasota, FL 34236	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* André S. Hoefler President, 1/29/97 951-1771 (941)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)