
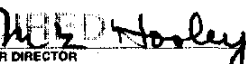


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 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 # P96000058781 (1)					
1. Corporation Name HOOLEY FAMILY ENTERPRISES, INC.					
Principal Place of Business 707 NORTH STATE ROAD 7 PLANTATION FL 33317			Mailing Address 707 NORTH STATE ROAD 7 PLANTATION FL 33317-2157		
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country			2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country		
3. Date Incorporated or Qualified 07/12/1996			3a. Date of Last Report		
4. FEI Number 65-0681733			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		
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent HOOLEY, MICHAEL E 707 NORTH STATE ROAD 7 PLANTATION FL 33317			10. Name and Address of New Registered Agent		
81. Name					
82. Street Address (P.O. Box Number is Not Acceptable)					
83.					
84. City			85. Zip Code		
FL					
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 _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	HOOLEY, MICHAEL E		1.1 TITLE	P	HOOLEY, MICHAEL E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	707 NORTH ROAD 7		1.2 NAME		707 NORTH STATE ROAD 7
CITY-ST-ZIP	PLANTATION FL 33317		1.3 STREET ADDRESS		PLANTATION, FL 33317
TITLE		<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
NAME			2.1 TITLE	VP/S/T	ZIMMERMAN, KURT D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			2.2 NAME		707 NORTH STATE ROAD 7
CITY-ST-ZIP			2.3 STREET ADDRESS		PLANTATION, FL 33317
TITLE		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
NAME			3.1 TITLE		
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
NAME			4.1 TITLE		
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
NAME			5.1 TITLE		
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE		
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP		
NAME					
STREET ADDRESS					
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 if changed, or on an attachment with an address.					
SIGNATURE: M.E. HOOLEY, PRESIDENT 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

4-16-97 954-584-2400

Date Daytime Phone #

0278278