

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

**FILED**  
**May 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000049032 (0)**  
 1. Corporation Name  
**HOFMANN GLOBAL CONSULTING, INC.**



Principal Place of Business <b>1250 W EAU GALLIE BLVD. SUITE J MELBOURNE FL 32935</b>	Mailing Address <b>1250 W EAU GALLIE BLVD. SUITE J MELBOURNE FL 32935</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/29/1997</b>		4. FEI Number <b>59-3444623</b>		Applied For <input type="checkbox"/> Not Applicable
21. Principal Place of Business <b>290 Paradise Blvd No 36</b>	22. Suite, Apt. #, etc. <b>No 36</b>	26. Mailing Address <b>290 Paradise Blvd</b>	27. Suite, Apt. #, etc. <b>No 36</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23. City & State <b>Indialantic FL</b>	24. Zip <b>32903</b>	28. City & State <b>Indialantic FL</b>	29. Zip <b>32903</b>	30. Country
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>JONES, RICHARD O 1250 W EAU GALLIE BLVD, SUITE J MELBOURNE FL 32935</b>		10. Name and Address of New Registered Agent		
81. Name <b>Ernst G. Hofmann</b>	82. Street Address (P.O. Box Number is Not Acceptable) <b>290 Paradise Blvd</b>	83. <b>No 36</b>	84. City <b>Indialantic</b>	85. Zip Code <b>FL 32903</b>

11. Pursuant to the provisions of Section 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 qualifications of, Section 607.0505, Florida Statutes.

SIGNATURE: *Ernst G. Hofmann* DATE: **5/21/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOFMANN, ERNST G</b>		1.2 NAME	
STREET ADDRESS <b>290 PARADISE BLVD #36</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>INDIALANTIC FL 32903</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOFMANN, JUDITH D</b>		2.2 NAME	
STREET ADDRESS <b>290 PARADISE BLVD #36</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>INDIALANTIC FL 32903</b>		2.4 CITY-ST-ZIP	
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 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: *Ernst G. Hofmann* **Apr. 27 98 407-777-9462**

CR2E034 (10/97)