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FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000060749 (3)

1. Corporation Name

HOCKEYWORLD INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

18522 GULF BLVD.
INDIAN SHORES FL 34635

18522 GULF BLVD.
INDIAN SHORES FL 34635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1997

4. FEI Number

59- (Applied)

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

HOFFMAN, FRITZ O
18522 GULF BLVD.
INDIAN SHORES FL 34635

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

☐ DELETE

TITLE

PTD

NAME

HOFFMAN, FRITZ O

STREET ADDRESS

18522 GULF BLVD.

CITY-ST-ZIP

INDIAN SHORES FL 34635

TITLE

VPSD

NAME

HOFFMAN, SEMIRA

STREET ADDRESS

18522 GULF BLVD.

CITY-ST-ZIP

INDIAN SHORES FL 34635

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

11E

11E

11EET ADDRESS

11E-ST-ZIP

21E

21E

21EET ADDRESS

21E-ST-ZIP

31E

31E

31EET ADDRESS

31E-ST-ZIP

41E

41E

41EET ADDRESS

41E-ST-ZIP

51E

51E

51EET ADDRESS

51E-ST-ZIP

61E

61E

61EET ADDRESS

61E-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exception 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 to the best of my knowledge and belief, 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:

SEMIRA HOFFMANN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Date

Daytime Phone #

0407330

CR2E034 (10/97)