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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000066605 (1) DOCUMENT #
1. Corporation Name

HOCHHAUSER MANAGEMENT, INC.

Principal Place of Business Mailing Address 2851 SOUTH OCEAN BLVD APT 7B 2851 SOUTH OCEAN BLVD APT 7B **BOCA RATON FL 33432 BOCA RATON FL 33432** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/01/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0775370 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RUMIN, EDWARD R ESQ 2720 EAST OAKLAND PARK BLVD SUITE 106 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33306 83 84 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, typod or printed name of registered agent and fille if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change Addition President/Director 1.2 NAME Byron Hochhauser 2851 S. CCEAN BLVD #7B STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP BOLA RATON, FL 33432 1.4 CITY - ST - ZiP DELETE TITLE Change Addition 2.1 TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE ☐ Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME

6.4 CITY - ST - ZIP 14. Thereby 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.

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5.4 City-St-ZiP

6.1 TITLE

6.2 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Ryand Ha

**FILED** 

Feb 03 1998 8:00am

Secretary of State

(561)21.2 6121

Change

Addition