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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29 1998 8:00am Secretary of State

H. HOFFMAN CO., INC. Principal Place of Business Mailing Address 16 NORTHWOODS LN. 16 NORTHWOODS UN. **BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/27/1997 2. Principal Place of Business 2a. Mailing Address Applied For 28 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country 24 25 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOFFMAN, HERMAN W 16 NORTHWOODS LN. Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33436** 83 84 City 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 reinstaling) DATE OFFICERS AND DIRECTORS 12. (10/97 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELET**E** 1.1 TITLE Change Addition NAME HOFFMAN, HERMAN W 1.2 NAME CR2E034 STREET ADDRESS 16 NORTHWOODS LN. 1.3 STREET ADDRESS BOYNTON BEACH FL 33436 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME HOFFMAN, JUDITH 2.2 NAME STREET ADDRESS 16 NORTHWOODS LN. 2.3 STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE Change 6.1 TITLE 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.

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