

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90343 042 \*\*\*158.75

**DOCUMENT # P99000050631**

1. Entity Name  
**SUSAN E. HOFFMAN, P.A.**



Principal Place of Business  
**8140 S SHADOWBRIGHT PL.  
 FLORAL CITY, FL 34436**

Mailing Address  
**8140 S SHADOWBRIGHT PL.  
 FLORAL CITY, FL 34436**

**14015209**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04222004 Chg-P CR2E034 (10/03)

City & State  
 Zip Country

4. FEI Number  
**65-0931879**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SIEGEL, DONALD R.  
 633 S ANDREWS AVENUE  
 SUITE 500  
 FORT LAUDERDALE, FL 33302**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HOFFMAN, SUSAN E 8140 S. SHADOWBRIGHT PLACE FLORAL CITY, FL 34436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Rondot, Susan E. Hoffman</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan E. Hoffman Rondot* 4/29/04 (352) 726-0793  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Susan E. Hoffman Rondot*

Attachment

14015209  
(STATE FILE NUMBER)

Department of Health • Vital Statistics  
**STATE OF FLORIDA**  
**MARRIAGE RECORD**  
TYPE IN UPPER CASE  
USE BLACK INK  
This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

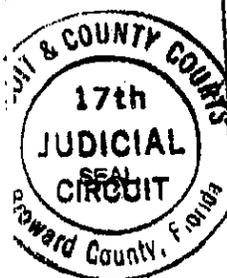
DATE RETURNED: .....  
RECORDED: BOOK ..... PAGE .....  
HOWARD C. FORMAN, CLERK OF COURT  
BY ....., DEPUTY CLERK

ML-CE-01-006285  
(APPLICATION NUMBER)

**APPLICATION TO MARRY**

2. DATE OF BIRTH (Month, Day, Year) <b>AUG 19, 1935</b>	
3a. GROOM'S NAME (First, Middle, Last) <b>PETER TYLER BONDOT</b>	4. BIRTHPLACE (State or Foreign Country) <b>MICHIGAN</b>
5a. RESIDENCE - CITY, TOWN, OR LOCATION <b>POMPANO BEACH</b>	5b. COUNTY <b>BROWARD</b>
5c. STATE <b>FLORIDA</b>	6. DATE OF BIRTH (Month, Day, Year) <b>MAR 03, 1949</b>
7a. BRIDE'S NAME (First, Middle, Last) <b>SUSAN ELIZABETH HOFFMAN</b>	8. BIRTHPLACE (State or Foreign Country) <b>DIST/COLUMBIA</b>
7b. COUNTY <b>BROWARD</b>	9. DATE OF BIRTH (Month, Day, Year) <b>MAR 03, 1949</b>
7c. STATE <b>FLORIDA</b>	10. BIRTHPLACE (State or Foreign Country) <b>DIST/COLUMBIA</b>

WE THE APPLICANTS NAMED IN THIS CERTIFICATE EACH FOR HIMSELF OR HERSELF STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE OBSCURANCE OF A DOOR TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.



9. SIGNATURE OF GROOM (Sign full name using black ink) <i>[Signature]</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>MAY 18, 2001</b>
11. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>	12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>[Signature]</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>MAY 18, 2001</b>
15. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>	16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>



**LICENSE TO MARRY**

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE <b>BROWARD</b>	18. DATE LICENSE ISSUED <b>MAY 18, 2001</b>	19a. DATE LICENSE EFFECTIVE <b>MAY 21, 2001</b>	19b. EXPIRATION DATE <b>JUL 19, 2001</b>
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>	20b. TITLE <b>DEPUTY CLERK</b>	20c. BY D.C.	

**CERTIFICATE OF MARRIAGE**

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) <b>05-02-2001</b>	22. CITY, TOWN, OR LOCATION OF MARRIAGE <b>POMPANO BEACH, FLORIDA</b>
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>	23c. ADDRESS (Of person performing ceremony) <b>1340 S.W. 9 PL. N. LAUDERDALE, FL 3</b>
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY <b>BRENDA A. BOWERS</b> My Comm Exp 5/15/2003 No. CC 837294 <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other I.D.	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>
25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	

**INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED**

28. SOCIAL SECURITY NUMBER <b>375-32-1906</b>	29. RACE <b>WHITE</b>	30. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	31. IF ANSWER IS YES TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c 31a. NO. OF THIS MARRIAGE <b>02</b>	31b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULLMENT) <b>DIVORCE</b>	31c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) <b>APR 20, 1981</b>
30. SOCIAL SECURITY NUMBER <b>578-66-6260</b>	31. RACE <b>WHITE</b>	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	33. IF ANSWER IS YES TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c 33a. NO. OF THIS MARRIAGE <b>02</b>	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULLMENT) <b>DIVORCE</b>	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) <b>NOV 02, 1993</b>