

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S51090 (6) NC
1-22-96

1. Corporation Name

HOFFMAN VENTURES, INC.
SPACENET, INC.

Principal Place of Business

450 MOSSWOOD BLVD.
INDIALANTIC FL 32903

Mailing Address

450 MOSSWOOD BLVD.
INDIALANTIC FL 32903

2. Principal Place of Business

21 1900 S. Harbor City Blvd.

Suite, Apt. #, etc.

22 Suite 337

City & State Melbourne FL

23 Zip 32901

Country USA

2a. Mailing Address

26 1900 S. Harbor City Blvd.

Suite, Apt. #, etc.

27 Suite 337

City & State

28 Melbourne, FL

Zip

29 32901

Country

30 USA

3. Date Incorporated or Qualified
05/09/1991

3a. Date of Last Report
04/18/1995

4. FEI Number

NOT APPLICABLE

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

MITCHELL, BRUCE A.
1825 S. RIVERVIEW DRIVE
MELBOURNE FL 32901

81 Name

Thomas C. Hoffman

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

1900 S. Harbor City Blvd.

83

Suite 337

84 City

Melbourne

FL

85 Zip Code

32901

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

Thomas C. Hoffman

President

4/13/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS HOFFMAN, THOMAS C.
CITY-STATE-ZIP 450 MOSSWOOD BLVD.
INDIALANTIC FL

TITLE ☐ DELETE

NAME V
STREET ADDRESS HOFFMAN, DENISE G.
CITY-STATE-ZIP 450 MOSSWOOD BLVD.
INDIALANTIC FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

800001788388
-04/22/96--01028--021
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Thomas C. Hoffman
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/95

(407) 951-3946

CR2E034 (12/95)