

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
JENNIFER M. MURPHY
TALLAHASSEE, FLORIDA 32301
850-412-1000

APPROVED
AND
FILED

DOCUMENT # S90287

(1)

HOFFMAN APPLIANCE, INC.

MAY -1 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

821 N. LIME AVENUE
SARASOTA FL 34237

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SARASOTA FL 34237

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21	26	10/28/1991	05/01/1994
22	27	65-0299294	Agreed To Not Applicable
23	28	5. Certificate of Status Expires	\$8.75 Additional Fee Required
24	29	6. This document is being filed for the purpose of:	\$5.00 May Be Added to Fees
25	30	7. The corporation is authorized to file this document for the purpose of:	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

HOFFMAN, EDWARD W.
821 N. LIME AVENUE
SARASOTA FL 34237

81. Name
82. Street Address
83. City
84. State
85. Zip

FL

11. I, the undersigned, being a resident of this state, do hereby certify that the foregoing is a true and correct copy of the original of the document filed for the purpose of this report, and that the same is a true and correct copy of the original of the document filed for the purpose of this report.

12. I, the undersigned, being a resident of this state, do hereby certify that the foregoing is a true and correct copy of the original of the document filed for the purpose of this report, and that the same is a true and correct copy of the original of the document filed for the purpose of this report.

12	13
NAME PD HOFFMAN, EDWARD W. 821 N. LIME AVENUE SARASOTA FL	NAME HOFFMAN, EDWARD W. 821 N. LIME AVENUE SARASOTA FL
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14. I, the undersigned, being a resident of this state, do hereby certify that the foregoing is a true and correct copy of the original of the document filed for the purpose of this report, and that the same is a true and correct copy of the original of the document filed for the purpose of this report.

SIGNATURE: EDWARD W. HOFFMAN 4/28/95 813-953-2388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR