

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V26725 (4)
1. Corporation Name
THE HOFLE GROUP, INC.

Principal Place of Business
91 WINDSOR DRIVE
ENGLEWOOD FL 34223
US

Mailing Address
91 WINDSOR DRIVE
ENGLEWOOD FL 34223
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1421 WHITEHALL BLVD. Suite, Apt. #, etc. 22 City & State 23 WINTER SPRINGS FL Zip 24 32708 Country 25 USA		2a. Mailing Address 26 1421 WHITEHALL BLVD. Suite, Apt. #, etc. 27 City & State 28 WINTER SPRINGS FL Zip 29 32708 Country 30 US		3. Date Incorporated or Qualified 04/06/1992	
		4. FEI Number 59-3135100		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HOEFLE, KENT C 91 WINDSOR DR. ENGLEWOOD FL 34223		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1421 WHITEHALL BLVD. 83 84 City WINTER SPRINGS FL 85 Zip Code 32708	
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEFLE, KENT C	1.2 NAME	
STREET ADDRESS	13700 SUTTON PARK DR. N. 134	1.3 STREET ADDRESS	1421 WHITEHALL BLVD.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEFLE, SCOTT W	2.2 NAME	
STREET ADDRESS	91 WINDSOR DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEFLE, DON W JR	3.2 NAME	
STREET ADDRESS	91 WINDSOR DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	
TITLE	S T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA R HOEFLE	4.2 NAME	
STREET ADDRESS	13700 SUTTON PARK DR. N., 134	4.3 STREET ADDRESS	1421 WHITEHALL BLVD.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE: Kent C Hoefle KENT HOEFLE 2/18/98 407-977-1872

CR2E034 (10/97)