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Jul 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V38495 (0)  
1. Corporation Name  
HOFSTAD INC.



Principal Place of Business 4509 PGA BLVD. PALM BEACH GARDENS FL 33418 US	Mailing Address 4509 PGA BLVD. PALM BEACH GARDENS FL 33418-3967 US
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3. Date Incorporated or Qualified 05/21/1992	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0343111 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
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9. Name and Address of Current Registered Agent

HOFSTAD, CURTIS E.  
3000 NORTH OCEAN DRIVE  
#38C  
SINGER ISLAND FL 33404

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HOFSTAD, CURTIS E	1.2 NAME	
STREET ADDRESS	3000 N OCEAN DR. #38C	1.3 STREET ADDRESS	
CITY-ST-ZIP	SINGER ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	HOFSTAD, CAROLYN J	2.2 NAME	
STREET ADDRESS	3000 N OCEAN DR. #38C	2.3 STREET ADDRESS	
CITY-ST-ZIP	SINGER ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	
NAME	HOFSTAD, JODI A.	3.2 NAME	
STREET ADDRESS	1013 10TH LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

*Curtis E. Hofstad*

6-1-97 561-775-5727

CR2E034 (9/96)