

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V55902 (3)

1. Corporation Name:
LINDA HRON, INC.



Principal Place of Business
**ONE S. OCEAN BLVD.
STE. 208
BOCA RATON FL 33432
US**

Mailing Address
**ONE S. OCEAN BLVD.
STE. 208
BOCA RATON FL 33432
US**

3. Date Incorporated or Qualified
08/03/1992

3a. Date of Last Report
06/23/1995

4. FET Number
65-0342318

Applied For
☐ Not Applicable

5. Certificate of Status Desired
☒ **NO** \$8.75 Additional Fee Required
☒ **NO** \$5.00 May Be Added to Fees

6. Election Campaign Financing
Trust Fund Contribution
☐ Yes ☒ No

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

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**HRON, LINDA
625 NE. 10 ST.
SUITE 210
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)
251 N.E. 43 ST.

83.

84. City **Ft. Laud.** **FL** 85. Zip Code **33534**

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 the corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HRON, LINDA	
STREET ADDRESS	625 C NE 10 AVE.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	LINDA HRON	☐ Change ☐ Addition
1.2 NAME	251 NE 43 ST.	
1.3 STREET ADDRESS	FT. LAUDERDALE, FL 33334	
1.4 CITY - ST - ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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)(g), 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:

Linda Hron **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-96
Date

807-393-8565
Corporate Phone

CR2E034 (12/95)