

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

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 667415 (4)
1. Corporation Name
H INVESTMENTS, INC.



Principal Place of Business Mailing Address
% HATCH INVESTMENTS LTD.
22 ST CLAIR AVE E1700
TORONTO, ONTARIO CA M4T 2S3
% HATCH INVESTMENTS LTD.
P.O. BOX 746 STATION O
TORONTO, ONTARIO CA M4T-2N5

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/22/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2000040	
24 M4T 2S3		25 CANADA		5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	

Applied For
Not Applicable
\$8.75 Additional
Fee Required
\$5.00 May Be
Added to Fees
Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

FL

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	HATCH, G.G.	1.2 NAME	
STREET ADDRESS	22 ST CLAIR AVE, E.#1700	1.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO CA	1.4 CITY-ST-ZIP	
TITLE	VO	2.1 TITLE	
NAME	HATCH, SHEILA P.	2.2 NAME	
STREET ADDRESS	22 ST CLAIR AVE, E.#1700	2.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO CA	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	JAVORSKI, L.M.	3.2 NAME	
STREET ADDRESS	22 ST CLAIR AVE, E.#1700	3.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO CA	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	

100002423201
-02/06/98--01005--032
***158.75

PC
2.05

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 Linda Javorski SECRETARY-TREASURER

CR2E034 (10/97)