

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H21831** (3)

1. Corporation Name
Q & H INVESTMENTS, INC.



Principal Place of Business: **2200 EIRLO BRONSON HWY 192 STE 201 KISSIMMEE FL 34744 US**
Mailing Address: **2200 EIRLO BRONSON HWY 192 STE 201 KISSIMMEE FL 34744 US**

3. Date Incorporated or Qualified: **09/19/1984**
3a. Date of Last Report: **05/10/1995**
4. FEI Number: **59-2450537**
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

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

**QAYYUM, ABDUL, MD
1108 ANNE ELISA CIR
ST CLOUD 34772-8771**

10. Name and Address of New Registered Agent

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

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 releasing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	ABDUL, QAYYUM D
STREET ADDRESS	2200 E IRLO BRONSON HWY 192, STE 201
CITY-ST-ZIP	KISSIMMEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MEHER, QAYYUM D
STREET ADDRESS	2200 EIRLO BRONSON HWY 192, STE 201
CITY-ST-ZIP	KISSIMMEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	QAYYUM, MOHAMMED S
STREET ADDRESS	2200 EIRLO BRONSON HWY 192, STE 201
CITY-ST-ZIP	KISSIMMEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	QAYYUM, ALIYA
STREET ADDRESS	2200 EIRLO BRONSON HWY 192, STE 201
CITY-ST-ZIP	KISSIMMEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	QAYYUM, MAHNAZ
STREET ADDRESS	2200 EIRLO BRONSON HWY 192, STE 201
CITY-ST-ZIP	KISSIMMEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	QAYYUM, MEHER
STREET ADDRESS	2200 EIRLO BRONSON HWY 192, STE 201
CITY-ST-ZIP	KISSIMMEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VSTB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.12.96

Date: 3/12/96 Daytime Phone #

CR2E034 (12/95)