

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L42352** (9)

1. Corporation Name
MH 21, INC.



Principal Place of Business

**1499 W PALMETTO PARK RD
SUITE 400
BOCA RATON FL 33486**

Mailing Address

**1499 W PALMETTO PARK RD
SUITE 400
BOCA RATON FL 33486**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

**MORRIS, LELAND M.
1499 W PALMETTO PARK RD
SUITE 400
BOCA RATON FL 33486**

3. Date Incorporated or Qualified

01/16/1990

3a. Date of Last Report

03/21/1995

4. FEI Number

65-0171916

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

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 of person submitting this statement and filing it applicable)

(If Not: Registered Agent signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE
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CITY- ST- ZIP
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**PD
MORRIS, LELAND M.
1499 W PALMETTO PK, RD
BOCA RATON FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

☐ Change ☐ Addition

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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 a 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:

LELAND MORRIS - LELAND MORRIS

1/17/96

407-368-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Typed Phone #)

CR2E034 (12/95)