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

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PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000047047**

1. Corporation Name
**MVH INVESTMENTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 401 EAST SEMORAN BOULEVARD<br>CASSELBERRY FL 32707<br>US | 750 N. MAITLAND AVE<br>MAITLAND FL 32751<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
**06/23/1994**

4. FEI Number
**59-3263263**

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 owes the current year Intangible Personal Property Tax [X] Yes [ ] No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 200 North Thornton Ave |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 Orlando, Florida |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 32801 / 30 |

9. Name and Address of Current Registered Agent

SMITH, RANDALL C. ESQ
750 N. MAITLAND AVENUE
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name: Randall C. Smith, Esq
82 Street Address (P.O. Box Number is Not Acceptable): 200 North Thornton Avenue
83
84 City: Orlando FL 85 Zip Code: 32801

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 _____ 2-25-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required by law.) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | D | [ ] DELETE | 11 TITLE | [X] Change [ ] Addition |
| NAME | VEIGIE, P. JAMES | | 12 NAME | Veigle, P. James |
| STREET ADDRESS | 2752 LAKE HOWELL LANE | | 13 STREET ADDRESS | |
| CITY-ST-ZIP | MAITLAND FL 32751 | | 14 CITY-ST-ZIP | |
| TITLE | D | [ ] DELETE | 21 TITLE | [X] Change [ ] Addition |
| NAME | VEIGIE, CHARLES | | 22 NAME | Veigle, Charles |
| STREET ADDRESS | 4625 EAST LAKE DR. | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | | 24 CITY-ST-ZIP | |
| TITLE | D | [ ] DELETE | 31 TITLE | [ ] Change [ ] Addition |
| NAME | HEROLD, KENNETH | | 32 NAME | 800002824340 - 5 |
| STREET ADDRESS | 401 E. SEMORAN BLVD. | | 33 STREET ADDRESS | -03/30/93 - -01093 - -020 |
| CITY-ST-ZIP | CASSELBERRY FL 32707 | | 34 CITY-ST-ZIP | ****150.00 ****150.00 |
| TITLE | P | [X] DELETE | 41 TITLE | [ ] Change [ ] Addition |
| NAME | KELLEY, ROBERT | | 42 NAME | |
| STREET ADDRESS | 1075 LANCELOT | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | CASSELBERRY FL 32707 | | 44 CITY-ST-ZIP | |
| TITLE | S | [ ] DELETE | 51 TITLE | [ ] Change [ ] Addition |
| NAME | VOEGTLIN, NANCY | | 52 NAME | |
| STREET ADDRESS | 401 E. SEMORAN BLVD. | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | CASSELBERRY FL 32707 | | 54 CITY-ST-ZIP | |
| TITLE | | [ ] DELETE | 61 TITLE | [ ] Change [ ] Addition |
| NAME | | | 62 NAME | |
| STREET ADDRESS | | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | |

CR2E034 (11/98)

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, with all other like empowered.

**SIGNATURE:** Nancy Voegtlin Nancy Voegtlin, Sec. 2/26/99 (407) 767-2977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone