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**Apr 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000088900 (3)

1. Corporation Name
DHC, INC.



Principal Place of Business: **4601 SOUTH S.R. 7 BAY 8 DAVIE FL 33314**

Mailing Address: **P.O. BOX 600617 NORTH MIAMI BEACH FL 33160-0617 US**

3. Date Incorporated or Qualified: **12/06/1994**

3a. Date of Last Report: **02/20/1996**

4. FEI Number: **65-0554010**

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

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Country

26. Suite, Apt. #, etc.

27. City & State

28. City & State

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

CORTON, HECTOR
3803 NE 166 ST
BAY 8
N. MIAMI BCH FL 33314

CORRECT →

ERROR

10. Name and Address of New Registered Agent

81 Name: **HECTOR CORTON**

82 Street Address (P.O. Box Number is Not Acceptable): **3803 NE 166 ST.**

83

84 City: **N. MIAMI BCH.** FL 85 Zip Code: **33160**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE: **PD** DELETE

NAME: **CORTON, HECTOR**

STREET ADDRESS: **3803 N.E. 166TH ST., APT. 1**

CITY-ST-ZIP: **N. MIAMI BEACH FL 33160**

TITLE: **SD** DELETE

NAME: **CORTON, DOLLY**

STREET ADDRESS: **3803 N.E. 166TH ST., APT. 1**

CITY-ST-ZIP: **N. MIAMI BEACH FL 33160**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

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 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:  **HECTOR CORTON** *1/21/97* *305 945-0573*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)