SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 OCT 20 AM 10: 11

ļ <u></u>	1997	DIVISION OF	CONFONATIONS		
DOCUMENT # P96000015934 (8) A.H. HOLDINGS, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Plac		Mailing Address			
l '		·			
2311 KALIN L SARASOTA FI		2311 KALIN LANE SARASOTA FL 34231		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 3a. Date of Last Report	
				02/21/1996	
2. Principal P	lace of Business	2s. Mailing Address		4. FEI Number - I Applied For	
21		26		65-0648818 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22		27		Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. Yes No	
ļ	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Registered Agent	
HOGAN, HUTH A					
2311 KALIN LANE SARASOTA FL 34232			82 Street Add	iress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statut	es, the above-named cor	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
office or r	egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such change was - ligations of, Section 607,0505, Fk	authorized by the corpora orida Statutes.	ation's board of directors. Thereby accept the appointment as registered	
SIGNATURE					
	Signature, typed or printed name of registered		E Registered Agent signature requ		
12.		AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	STD Hogan, Ruth A	D week	1.2 NAME	Onlinge	
STREET ADDRESS	2311 KALIN LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34232		1.4 CHY-ST-ZIP		
TITLE	PD	DELETE	21 TITLE	らの100232 7 四個6-日本版 -10/22/9701108022 ****550,00 ****558.00	
NAME	HOGAN, AGNES O		22 NAME	-10/22/9701108022	
STREET ADDRESS	5830 MIDNIGHT PASS ROA	D #501	2.3 STREET ADDRESS	****550.00 ****558.00	
CITY-ST-ZIP	SARASOTA FL 34232		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE	Change Addition	
NAME			3.2 NAME		
SPREET ADDRESS			3.3 STREET ADDRESS		
CMY-ST-ZIP TIME		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Change Addition	
=-				Change C Addition	
NAME Street address			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE	Change Addition	
NAME			5.2 NAME	_ · _	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	☐ Chappy ☐ Addition	
NAME			62 NAME	JOHO PI	
STREET ADDRESS			6.3 STREET ADDRESS	10100	
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this equal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the exporation 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 in attachment with an address.

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This is an inactive corporate