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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000060649 (5)

FILED Feb 16 1998 8:00am Secretary of State

H&H SCULPTORS SUPPLY INC. Principal Place of Business Mailing Address 22837 ELDORADO DR. 22837 ELDORADO DR **BOCA RATON FL 33433 BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/10/1997 2. Principal Place of Busines 2a. Mailing Address 4. FEI Number Applied For EL DORAGO DI 27837 1242 NW MA 26 Not Applicable Suite, Apt. #, otc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required Cityy State Cit**√**% State \$5.00 May Be 6, Election Campaign Financing poul Trust Fund Contribution Added to Fees year Intengible 8. This corporation owes or has paid the curre *3*3423 29 Personal Property Tax due June 30, 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HENDLER, MILTON H Name 22837 ELDORADO DR 62 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 83 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 treft, in the State of Forida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and formula the obligations of, Socion 607.0505, Florida Statutes. SIGNATURE NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 11 TITLE Change Addition HENDLER, MILTON H NAME 1.2 NAME CRZEGS4 22837 ELDORADO DR. STREET ADORESS 1.3 STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE D DELETE 2.1 TITUE Change ___ Addition HENDLER, GLORIA S NAME 2.2 NAME 22837 ELDORADO DR. STREET ADDRESS 23 STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Channe TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5 1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

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.

SIGNATURE:

SKINATURE AND TYPED OR PRINTED I