

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 PM 11:11

DOCUMENT # 456864 (8)

1. Corporation Name
H2M ENTERPRISES, INC.

Principal Place of Business
**OFFICE 477, BAY 78
477 S.W. FLAGLER AVENUE
POMPANO BEACH FL 33060**

Mailing Address
**OFFICE 477, BAY 78
477 S.W. FLAGLER AVENUE
POMPANO BEACH FL 33060**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/16/1974	3a. Date of Last Report 02/08/1994
4. FEI Number 59-1542238	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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**HOCHHAUSER, NORMAN
231 DISC DRIVE
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reappointing.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	HOCHHAUSER, NORMAN	1.2 NAME	
STREET ADDRESS	231 DISC DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HOCHHAUSER, NORMAN	2.2 NAME	
STREET ADDRESS	231 DISC DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	HOCHHAUSER, BETSY	3.2 NAME	
STREET ADDRESS	231 DISC DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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 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: *Norman Hochhauser* **NORMAN HOCHHAUSER** 1/24/95 (95)779-2670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR