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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **521016** **(6)**

1. Corporation Name
F & H INVESTMENTS, INC.

Principal Place of Business	Mailing Address
370 S E 14TH AVE POMPANO BCH FL 33060	370 S E 14TH AVE POMPANO BCH FL 33060-7620

3. Date Incorporated or Qualified: 12/27/1976
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business
21: 1788 NW 107 Terr
22: Suite, Apt. #, etc.
23: City & State: Coral Springs, Fl
24: Zip: 33071 25: Country

2a. Mailing Address
26: 1788 NW 107 Ter
27: Suite, Apt. #, etc.
28: City & State: Coral Springs, Fl
29: Zip: 33071 30: Country

4. FEI Number: 59-1708537 ☐ 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

9. Name and Address of Current Registered Agent

CRISSY, MICHAEL P
370 S.E. 14 AVENUE
POMPANO BCH. FL 33060

10. Name and Address of New Registered Agent

81 Name: Michael P. Crissy
82 Street Address (P.O. Box Number is Not Acceptable): 3516 NE 30 Avenue
83:
84 City: Lighthouse Point FL 85 Zip Code: 33064

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: Michael P. Crissy (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	CRISSY, PAUL H		1.2 NAME	Ann M. Crissy	
STREET ADDRESS	1600 N OAK ST		1.3 STREET ADDRESS	1788 NW 107 Terrace	
CITY-ST-ZIP	ARLINGTON VA		1.4 CITY-ST-ZIP	Coral Springs, Fl 33071	
TITLE	STD	☒ DELETE	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	CRISSY, JOHN F		2.2 NAME	Jack F. Crissy	
STREET ADDRESS	1788 NW 107TH TERR		2.3 STREET ADDRESS	1788 NW 107 Terrace	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	Coral Springs, Fl 33071	
TITLE	VD	☒ DELETE	3.1 TITLE	Secretary/Treasurer	☐ Change ☒ Addition
NAME	CRISSY, MICHAEL P		3.2 NAME	Michael P. Crissy	
STREET ADDRESS	370 SE 14TH AVE		3.3 STREET ADDRESS	3516 NE 30 Ave	
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CITY-ST-ZIP	Lighthouse Point, Fl 33064	
TITLE	VD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CRISSY, MICHAEL P.		4.2 NAME		
STREET ADDRESS	370 SE 14TH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 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		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #