

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 APR -6 AM 6:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 574497 (4)

1. Corporation Name

M. H. S., INC.

Principal Place of Business
**7944 WILES RD
CORAL SPRINGS FL 33067
US**

Mailing Address
**7944 WILES RD
CORAL SPRINGS FL 33067
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/02/1978** 3a. Date of Last Report **02/07/1994**

4. FEI Number **59-1813327** 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAGER, LINDA SUE
7944 WILES RD.
CORAL SPRINGS FL 33067**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 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 then applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PST**
NAME **MAGER, LINDA SUE**
STREET ADDRESS **4788 N W 96TH DR.**
CITY ST ZIP **CORAL SPRINGS FL**

TITLE **S**
NAME **HANSEN, ROBERT**
STREET ADDRESS **7216 NW 39 MANOR**
CITY ST ZIP **CORAL SPRINGS FL**

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6 2 NAME
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6 4 CITY ST ZIP

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 this 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: Linda Sue Mager President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-95 (305) 752-2254
DATE