

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **634828** (8)

1. Corporation Name  
**L. H. ASSOCIATES, INC.**



Principal Place of Business: **702 S.W. 36TH AVENUE BOYNTON BEACH FL 33435-8520**  
Mailing Address: **702 S.W. 36TH AVENUE BOYNTON BEACH FL 33435-8520**

2. Principal Place of Business:  
21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24  
25  
26  
27  
28  
29  
30  
2a. Mailing Address:  
State, Apt. #, etc.  
City & State  
Zip  
Country

3. Date Incorporated or Qualified: **09/04/1979**  
3a. Date of Last Report: **03/31/1995**  
4. FIC Number: **59-1937725**  
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  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent:  
**HEGEMANN, LEE R.  
702 S.W. 36TH AVENUE  
BOYNTON BEACH FL**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.01(4)(a) and 607.01(5)(a), 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 I accept the obligations of being a Registered Agent in Florida.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> DELETE	PDS HEGEMANN, LEE R. 702 S.W. 36TH AVE. BOYNTON BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	V SHAW, LARRY 708 ALAMADA DR N PALM BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied herein is true and correct to the best of my knowledge and belief, for the corporation stated in Section 119.07(4)(k), Florida Statutes. I further certify that the information included on this report is prepared and submitted for annual report in 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 registered agent or business representative to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report for a correct filing with annual fees.

SIGNATURE: *Lee Hegemann* *Lee Hegemann* 4/1/96 407 732 4480  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)