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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthland Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706434 (8)

1. Corporation Name
H & H SUPPORT SERVICES, INC.



Principal Place of Business 702 SOUTH WASHBURN AVENUE CORONA CA 91720	Mailing Address 702 SOUTH WASHBURN AVENUE CORONA CA 91720
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3. Date Incorporated or Qualified 11/15/1963	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number 59-0657867	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	HANSON, CALVIN	
STREET ADDRESS	5338 PEACOCK LANE	
CITY-ST-ZIP	RIVERSIDE CA 92505	
TITLE	C	<input type="checkbox"/> DELETE
NAME	COY, ROBERT E. J.D.	
STREET ADDRESS	1916 DANA DRIVE	
CITY-ST-ZIP	ADELPHI MD 20783	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	SANDEFUR, CHARLES	
STREET ADDRESS	87 WILLOW LEAF DRIVE	
CITY-ST-ZIP	LITTLETON CO 80210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, O.D.	
STREET ADDRESS	777 EAST 25TH, 316	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, GEORGE W	
STREET ADDRESS	2711 NORTH POMELO DRIVE	
CITY-ST-ZIP	AVON PARK FL 33013	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACOMBER, ROBERT D	
STREET ADDRESS	5408 PEACOCK LANE	
CITY-ST-ZIP	RIVERSIDE CA 92505	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P, VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Coy, Robert E. J.D.
2.3 STREET ADDRESS	1916 Dana Drive
2.4 CITY-ST-ZIP	Adelphi MD 20783
3.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sandefur, Charles
3.3 STREET ADDRESS	8650 Pioneers Blvd.
3.4 CITY-ST-ZIP	Lincoln NE 68520
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T Brodersen, Ellen H.
5.3 STREET ADDRESS	92 N. Liberty Street
5.4 CITY-ST-ZIP	Harrisonburg, VA 22801
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Yaeger, Derrill
6.3 STREET ADDRESS	PO Box 1447
6.4 CITY-ST-ZIP	Corona, CA 91720 <i>N/A</i>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert E. Coy* Robert E. Coy, President 3/18/98 909-736-6909

CR2E037 (10/97)