## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address

Mar 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name F41837 (8) M.H.P. INVESTMENTS, INC. Principal Place of Business Mailing Address C/O RICHARD W. MIKALIK 42 PINEWOOD PL C/O RICHARD W. MIKALIK 42 PINEWOOD PL DO NOT WRITE IN THIS SPACE MIMS FL 32754 MIMS FL 32754 3. Date Incorporated or Qualified 08/25/1981 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2120522 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 4 No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MIKALIK, RICHARD W Name 42 PINEWOOD PL 82 Street Address (P.O. Box Number is Not Acceptable) MIMS FL 32754 83 84 City Zip Code 85 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. W. Mukalik RICHARO W. MIKALIK 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change MIKALIK, RICHARD W NAME 1.2 NAME **42 PINEWOOD PL** STREET ADDRESS 1.3 STREET ADDRESS MIMS FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition LEFTAKES, THOMAS NAME 22 NAME 6105 N LEADER AVE STREET ADDRESS 23 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 2. 4 CITY-ST-ZIP ST DELETE TITLE 3.1 TITLE **Change** Addition ANDERSON, MARY E NAME 3.2 NAME 156 S. CORY DRIVE 3855 D. ATLANTIC AUEDUE STREET ADDRESS 3.3 STREET ADDRESS 3855 &.... BEACH SHORES, FL **EDGEWATER FL 32141** CITY-ST-ZIP 3.4. CITY - ST - ZIP FL, 32127 TITLE DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-7iP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5.4 City - ST- ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZiP 14. I 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

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