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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	ANNUAL REPORT Secretary 1996 DIVISION OF CO		tary of State	ONS					
DOCUMENT # F85488		(7)	(7)						
R & H	H INVESTMENT	T ENTERPRISES	, INC.			1 100/100 1907 10101 4 1111 0100	181 St 1811 S18	li Alfii Albii	Alāli ālāji siaji ssai
Principal Place	of Business		Mailing Address	· · · · · · · · · · · · · · · · · · ·					
		2535 STATE RD 16							
ST AUGUS	TINE FL 32092		ST AUGUSTINE FL	32092		2 Databases de College	10.5		
						3. Date Incorporated or Qualified 06/11/1982	Sa. Da	te of Last 7 /05/01	•
2. Principal Place of Business 22			Mailing Address			4. FEI Number 59-2215491	· · ·		Applied For Not Applicable
Suite, Apt. #	, etc.	2	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional
City & State			City & State			6. Election Campaign Financing			Required May Be
23 Zip	Cou	intry 2	8 Zip	Country		Trust Fund Contribution 8. This corporation has liability for	intannible	Adde	ed to Fees
24	9 Name and Add	2 dress of Current Re	7.	30		Florida Statutes	☐ No		, 103.002,
	o. Hamo and Ad	dives of Current Ne	Bisteled Marit	81	Name	10. Name and Address of New I	legistered	Agent	
	RAMU S			82	Street Add	fress (P.O. Box Number is Not Acceptal	ole)		
11043 RIVER PORT DR W JACKSONVILLE 32223				83					
				64	City		FI	85 Z	op Code
familiar with SIGNATURE	i, and accept the obl	HE State OF FIORIDA. SI	D7.0505, Florida Statutes * applicable INO ECTORS	eo by the comp	oration's boa	ration submits this statement for the puriful of directors. I hereby accept the appoint of directors in the puriful of directors. I hereby accept the appoint of directors in the puriful of directors. I hereby accept the approximation of directors in the puriful of directors in the	Ointment a	is registered	d agent. I am
TITLE	PTD DAME	LAD	☐ DELETE	1. 1 TITLE				☐ Change	
STREET ADDRESS	PATEL, RAMI 538 PARK AV			1.2 NAME 1.3 STREET	ADDRESS				
C/TY-ST-Z/P	ORANGE PAI	rk fl	Tori Far	1.4 CITY - S	T-ZIP				
TITLE NAME	VSD PATEL, HASA	MUKH M	DELETE	2 1 TITLE 22 NAME				Change	☐ Addition
STREET ADDRESS	2924 BANYAI	N		23 STREET	ADDRESS				
CITY - ST - ZIP TITLE	BOCA RATO	N FL	DELETE	24 CITY-S 3 1 TITLE	T-ZIP			☐ Change	[] Addition
NAME			<u></u>	3.2 NAME				- outride	Addition
STREET ADDRESS CITY-ST-ZIP				3 3. STREET					
TITLE			DELETE	3.4 C(TY - S 4. 1 T(TLE	T - Z/P			☐ Change	Addition
NAME				4.2 NAME					C.1
STREET ADDRESS				4.3 STREET	ADDRESS				•
CITY-ST-ZIP TITLE			☐ DELETE	4.4 CITY - S	T - 21P			<u> </u>	
NAME			Seeine	5.1 TITLE 5.2 NAME				Change	Addition
STREET ADDRESS				53 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY-S					
TITLE			☐ DELETE	6. 1 TITLE				☐ Change	☐ Addition
NAME CAREEL ADDRESS				6.2 NAME					
STREET ADDRESS CITY-ST-ZIP				6.3 STREET	· ·				
14. I do hereby	certify that the inform	nation supplied with th	nis filing is voluntarily furni	6.4 City-S shed and does	not qualify f	or the exemption stated in Section 119.	07(3)(k) Fi	orida Statur	tes I further
oath; that I a	am an officer or direc	ctor of the corporation		iai report is tru empowered t		ate and that my signature shall have the service and that my signature shall have the service as required by Chapter 607, Fig.			

SIGNATURE: Ramila Potter		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Deytime Phone #