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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 18 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F95000001461 (1)

I.H. 1, 2 & 3, INC.

Principal Place of Business Mailing Address					
C/O EURO AMERICAN MANAGEMENT, INC. 4350 WEST CYPRESS STREET, SUITE 250 TAMPA FL 33607  C/O EURO AMERICAN MANA 4350 WEST CYPRESS STREET TAMPA FL 33607				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
2. Principal Place of Business 2s. Mailing Address				<b>02/06/1995 4.</b> FEI Number Applied For	
26				51-0348747 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				SR 75 Additional	
22 27				5. Certificate of Status Desired Fee Regulred	
City & State	City & State		*- <u></u>	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country	Zip	Countr	У	8. This corporation owes or has paid the current year Intangible	
24 25			Personal Property Tax due June 30. 🔲 Yes 🔀 No		
9, Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent  81 Name		
EURO AMERICAN MANAGEMENT, INC.					
4902-BISENHOWER-BLVD		82		Address (P.O. Box Number is Not Acceptable) 50 Mest (voecs Steet Suite 250	
SUITE 280 TAMPA FL 33834		- <b>₽</b> 83		50 West Cypeass Street, Suite 250	
1AMPA PL 33839			ļ		
		84	City -	TAMPA FL 85 Zip Code 33607	
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	re-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 appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with and appointment as registered.					
SIGNATURE					
Stonature typed or product one it mastered abeni		Registered Ap	jent signature	required when reinstating) DATE	
12. ÖFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	DELETE	1.1 TITLE		Change Addition	
NAME SIJTHOFF, J.D.	TE AND 4350 W. CYPROSS	1.2 NAME			
STREET ADDRESS 4902 EISENFLOWER BLVD. SUI	Sleed, St 250	1 a a inco	1 ADDRESS		
CITY-ST-ZIP TAMPA EL 33634 TA	mpa FL 33609	1.4 City- 2.1 Title	ST-7IP	Change Addition	
NAME BESSEM, H.	<u></u>		1	C Change C Radiiloi	
	4350 W. Cypeess		T ADDRESS		
		2 4 CITY			
TITLE	mpa , Fl 33607	3.1 TITLE	91-211	Change Addition	
NAME		3.2 NAME	Ì		
STREET ADDRESS		3.3 STREE	T ADDRESS		
CITY-ST-ZIP		3.4. C(1)	ST-ZIP		
TITLE	DELETE	4.1 TITLE		☐ Change ☐ Addilion	
NAME		4. 2 NAM	:		
STREET ADDRESS		4.3 STREE	T ADDRESS		
CITY-ST-ZIP		4.4 CITY-	ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition	
NAME		5.2 NAME	- 1		
STREET ADDRESS			1 ADDRESS		
CITY-ST-ZIP	berese	5.4 CITY-	ST - ZiP	T Above T Lauren	
TITLE	DELETE	61 TITLE		Change Addition	
NAME		62 NAME	l		
STREET ADDRESS		63 STREE	7 ADDRESS		

14. Thereby 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 suppliemental 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 Block 13 if changed, or on an articolometry with an address.