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

**PROFIT CORPORATION** ANNUAL REPORT 1997



 Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G25349

(3)

Mailing Address

D.H. PROPERTIES, INC.

Principal Place of Business

**FILED** May 20 1997 8:00am Secretary of State



N 18 97 101111115

% Godfrey, No. 1902 S. Crysta Lakeland FL 3	AL LAKE DR.			1902 S. CRYSTAL LAKE DR LAKELAND FL 33801-8807 US								
US								3. Date Incorporated or Qualified 02/23/1983	3a. Date of Last Report 03/19/1996			
2. Principal Pi	ace of Busin	oss	2a. Mailing Add	2a. Mailing Address				4. FEI Number		h+-	pplied For	
21			26	and the contract of the contra				59-2270834			lot Applicable	
Suite, Apt. :			27]	(red				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	25			Country 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24 25 29 30 9, Name and Address of Current Registered Agent								10, Name and Address of New Re	gistered A	gent		
GODFREY, NORMA L						31 N	anie				ļ	
1902 S. CRYSTAL LAKE DRIVE LANELAND FL 33801						32 S	2 Street Address (P.O. Box Number is Not Acceptable)					
		•••		83								
					8	34 C	ity		FL	<b>85</b> Zip	Code	
11. Pursuant I	to the provision	ons of Sections 607.0	502 and 607,1508, Flor	rida Statute	s, the about	L ove-na by the	med corp	oration submits this statement for the pion's board of directors. I hereby accep	urpose of o	hanging inlment a	its registered	
agent. I ar	m familiar wil	h, and accept the ob	ligations of, Section 607	7.0505, Flo	rida Štatu	tes.	o componen	to be a second of the confidence of the confiden				
SIGNATURE	Signature, typed	or printed hards of registered	agent and title if applicable	(NOTE	: Registorno	Agent sig	gnature requir	red when reinstating)	DATE			
12.			AND DIRECTORS	in.	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO		
TITLE	P			DELETE	1.1 7011	F			[	Change	Addition	
NAME	GODREY,				1.2 NAN							
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14. I do 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 or Block 13 if changed, or on an attachment with an address. CICENCHIOMORDICALISE