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

**CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G44931 (5)

MH INVESTMENTS, INC.

**FILED** Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 taniëll ante deber dibis inian iline i	191 91911 91911	Attil Alali alali	1 81811 (8.6)
% PHILLIP M. MOYER 14333-56TH STREET. N. CLEARWATER FL 34620		% PHILLIP M. MOYER 14333-58TH STREET. N. CLEARWATER FL 34620		DO NOT WRIT	E IN THIS S	SPACE		
• • • •					<ol> <li>Date Incorporated or Qualified 06/23/1983</li> </ol>			
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number		<del></del>	plied For
21		26			<u>59-2304133</u>			t Applicable
Suite, Apt. #, etc.		Surte, Apt. #, etc. 27	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	t		<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>			
<b>Zip</b> Country		Zip			8. This corporation owes or has paid the current year Intangible			
24	25	29	30		Personal Property Tax due Jun			J No
Name and Address of Current Registered Agent				41 41	10. Name and Address of New R	egistered /	Agent	——-
	yer, Phillip M.		8	1 Name				
	333-58TH STREET, N. EARWATER FL 34620		<b>82</b> Stree		ress (P.O. Box Number is Not Accepte	ible)		
-			8	3				
			e	4 City			85 Zip (	Code
			1	1		FL		
i office or o	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change wa	is authorized	by the corpora	poration submits this statement for the tion's board of directors. I hereby acception	purpose of apt the app	changing its ointment as	s registered registered
SIGNATURE				<del></del>		DATE		
Signature, typed or printed name of registered agent and 12. OFFICERS AND DI					ADDITIONS/CHANGES TO OFF		DIRECTOR	S IN 12
12.	PD	DELETE	1.1 1110		ABBITIONO/OFFINACEO TO OFF	OLI WALL	☐ Change	Addition
NAME	MOYER, PHILLIP M.	_	1.2 NAM					
STREET ADDRESS	AAAAA AATIA OTDEET AI			ET ADDRESS				
CITY-ST-ZIP	A1 -		1.4 CITY	-ST-ZIP				
TITLE	\$TD	DELETE 2.1					Change	Addition
NAME	HARPER, JAMES R.		2.2 NAME					
STREET ADDRESS	311 PARK PLACE BLVD		2.3 STREET ADD					i
CITY-ST-ZIP	CLEARWATER FL		2. 4 CIT	-ST-ZIP			<del></del> _	
TITLE	DELETE		3.1 TITL				☐ Change	Addition
NAME			3.2 NAM	E				
STREET ADDRESS			3.3 STR	ET ADDRESS				
CITY-ST-ZIP		The series		'-ST-ZIP			Change	Addition
TITLE		☐ DELETE	4.1 701L				∐ Change	
NAME			4. 2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		☐ DELETÉ	_	-ST-ZIP			Change	Addition
TITLE			51 THTL	i				
NAME			5.2 NAM	I .				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 City 6.1 Titu	- ST - ZIP			Change	Addition
TITLE			6.2 NAM					
NAME				ET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY	- S1 - ZIP			495 10 14 10 1	

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 is 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 procedure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an intrachment with an address!