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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H76404

(3)

1. Corporation Name

NBH ENTERPRISES, INC.

Principal Place of Business

5381 NW 33RD AVE., BAY 104
FT. LAUDERDALE FL 33309

Mailing Address

5381 NW 33RD AVE., BAY 104
FT. LAUDERDALE FL 33309



3. Date Incorporated or Qualified

09/16/1985

3a. Date of Last Report

02/05/1996

2. Principal Place of Business

21 2831 NW 22ND TERRACE
Suite, Apt. #, etc.

2a. Mailing Address

26 2831 NW 22ND TERRACE
Suite, Apt. #, etc.

4. FEI Number

59-2581861

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

22 City & State

23 Pompano Beach

24 Zip

33069

Country

25 Broward

27 City & State

28 Pompano Beach

29 Zip

33069

Country

30 Broward

9. Name and Address of Current Registered Agent

HOFFMAN, NORMAN
C/O GALLERIA PRESS
5381 NW 33 AVE, BAY 104
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

Hoffman, Norman

82 Street Address (P.O. Box Number is Not Acceptable)

C/O GALLERIA PRESS

83 2831 NW 22ND TERRACE

84 City

Pompano Beach

FL

85 Zip Code

33069

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME HOFFMAN, BARBARA
STREET ADDRESS 5327 NW 65TH TERRACE
CITY-ST-ZIP CORAL SPRINGS FL

TITLE V ☐ DELETE
NAME HOFFMAN, NORMAN
STREET ADDRESS 5327 NW 65TH TERRACE
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE: Barbara Hoffman Barbara Hoffman 2/7/97

(954) 972-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0520880

CR2E034 (9/96)