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

PROFIT CORPORATION ANNUAL REPORT



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

1996

H76699 **DOCUMENT #**

(8)

S & H PROPERTIES, INC. Principal Place of Business Mailing Address C/O MR. HARRY POLLAK C/O MR. HARRY POLLAK					
	DAT CLUB RD #804 KEY FL 34228	601 LONGBOAT CLU	IB RD #804		
LONOBOAT	NEI FE 94220	LONGBOAT KEY FL	34228	3. Date Incorporated or Qualified 09/18/1985	3a. Date of Last Report 03/24/1995
21	ace of Business	2a. Mailing Address 26		4. EEI Number 59-2595476	Applied For Not Applicable
Suite, Apt. (#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip 24	Country 25	Z _i p 29	Country	8. This corporation has liability for	
	9. Name and Address of Curren			Florida Statutes Yes 10. Name and Address of New F	Registered Agent
ROBIE, CARL J., III 2828 S. TAMIAMI TRAIL SARASOTA FL 34239			81 Name 82 Street Addr 83	ess (P.O. Box Number is Not Acceptat	
			84 City		FL 85 Zip Code
familiar with	ed agent, or both, in the State of Floridh, and accept the obligations of, Secti	da. Such change was authori on 607.0505, Florida Statute	zed by the corporation's boar s.	ation sobmits this statement for the pur rd of directors. Thereby accept the app	ointment as registered agent. Lam
12.	Signature, typed or printed name of registered agent OFFICERS ANI		Olt: Registored Agent's giviliare required 13.	ADDITIONS/CHANGES TO OFF	DATE
TITLE	PD	□ DELETE	1.1700	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	POLLAK, HARRY B.		1.2 NAME		
STREET ADDRESS	601 LONGBOAT CLUB RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	Longboat key fl		1.4 CHY - ST - ZIF		
TITLE		DELETE	2 1 TILLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		**************************************	2.4 CHY+S1_ZIP		
Tirce		DELETE	3 1 THILE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP TITLE		FINCIELE	3 4 C-TY - ST - 2/P		F3.00 F3.4.00
NAME.		☐ DELETE	4. 1 TeTLE		Change Addition
STREET ADDRESS			4.2 NAM:		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 C(1Y - ST - 2\(\textit{F}\) 5. 1 T(TLF)		Change Addition
NAME			5.2 NAME		[Change [About0]
STREET ADDRESS			5.3 STPEFT ADDRESS		
CITY-ST-ZIP			5.4 CHY-ST-ZIP		
111LE		DELFIE	6 1 TITLE		Change Addition
NAME		<u></u>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 C-1Y - ST - 7-P		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual repert 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 of 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.

Jany Wallah HARRY B. POLLAK 1/17/96 813-383-7723