FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J31158** **(5)**

1. Corporation Name
CGH, INC.

Principal Place of Business	Mailing Address
1290 EAST OAKLAND PARK BLVD. SUITE 200 FORT LAUDERDALE FL 33334-4447 US	P.O. BOX 292666 DAVIE FL 33329-2666 US

3. Date Incorporated or Qualified: **09/02/1986**	3a. Date of Last Report: **04/19/1995**
4. FEI Number: **65-0388269**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HAYES, CURTIS
1290 E. OAKLAND PARK BLVD., SUITE 200
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAYES, CURTIS 1290 E. OAKLAND PARK BLVD #200 FT. LAUDERDALE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HAYES, MARGARET 1290 E. OAKLAND PARK BLVD #200 FT. LAUDERDALE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

1 TITLE	☐ Change ☐ Addition
1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP	
2 TITLE	☐ Change ☐ Addition
2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP	
3 TITLE	☐ Change ☐ Addition
3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP	
4 TITLE	☐ Change ☐ Addition
4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP	
5 TITLE	☐ Change ☐ Addition
5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP	
6 TITLE	☐ Change ☐ Addition
6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true. Filing is voluntary; furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: Margaret Hayes Margaret Hayes 4-16-96 (954) 720 8409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number