SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 JUN 27 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****233.75 ****233.75

DOCUMENT # J51590 (4)

1. Corporation Name
HOH ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% 2001 N.W. 107 AVENUE MIAMI FL 33172-2507	% 2001 N.W. 107 AVENUE MIAMI FL 33172-2507

3. Date Incorporated or Qualified: 01/12/1987
3a. Date of Last Report: 02/07/1995

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

4. FEI Number: 59-2753204 ☐ 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

9. Name and Address of Current Registered Agent

SCHAFFER, BECKY S
2001 NW 107 AVE
MIAMI FL 33172

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 607.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DYE, H. MICHAEL		1.2 NAME		
STREET ADDRESS	2001 N.W. 107 AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, JAMES E.		2.2 NAME		
STREET ADDRESS	2001 N.W. 107 AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	VT	☒ DELETE	3.1 TITLE	VT	☐ Change ☒ Addition
NAME	WARREN,JAMES C.		3.2 NAME	Richard A. Wickett	
STREET ADDRESS	2001 NW 107 AVE.		3.3 STREET ADDRESS	2001 NW 107 Ave.	
CITY-ST-ZIP	MIAMI FL 33172-2507		3.4 CITY-ST-ZIP	Miami, FL 33172-2507	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ZUMWALT, JOHN B.		4.2 NAME		
STREET ADDRESS	2001 N.W. 107 AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172-2507		4.4 CITY-ST-ZIP		
TITLE	DSV	☒ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME	HOLODAY, RICHARD L.		5.2 NAME	Thomas D. Pellarin	
STREET ADDRESS	2001 N.W. 107 AVE.		5.3 STREET ADDRESS	2001 NW 107 Ave	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Miami, FL 33172-2507	
TITLE	VD	☒ DELETE	6.1 TITLE	VS	☐ Change ☒ Addition
NAME	SISKA, DALE E		6.2 NAME	W. Scott DeLoach	
STREET ADDRESS	2001 NW 107 AVE		6.3 STREET ADDRESS	2001 NW 107 Ave	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	Miami, FL 33172-2507	

10/2/96

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. Scott DeLoach W. Scott DeLoach 6/25/96 305-592-7275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Vice President / Secretary

CR2E034 (3/96)