## 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

**DOCUMENT #** 

1996

J93210

(9)

| A.H. &   | Name<br>3. F. MANAGEMENT ASSOC  | CIATES, INC.   |                                  |  |  |
|--|---|--|----------------------------------|--|--|
| Principal Place of Business Mailing Address  244 \$ BEACH ST 224 \$ BEACH ST |   |  |                                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |  |
| SUITE 202  |   | SUITE 202  |                                  |  |  |
| DAYTONA BCH. FL 32114<br>US  |   | DAYTONA BCH. FL 32114<br>US                              |                                  | 3. Date Incorporated or Qualified 09/21/1987   | 3a. Date of Last Report<br>04/19/1995  |
| 2. Principal Place   | ce of Business  | 2a. Mailing Address<br>26                                |                                  | 4. FEI Number 58-1752835   | Applied For Not Applicable   |
| Suite, Apt. #  | , etc.  | Suite, Apt #, etc.                                       |                                  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required   |
| City & State   |   | City & State   |                                  | Election Campaign Financing     Trust Fund Contribution                                  | \$5.00 May Be Added to Fees  |
| Zip<br>24  | Country<br>25   | 7(p)   | Country<br>30                    | 8. This corporation has liability for Florida Statutes 🔲 Yes                             | intangible tax under s. 199.032,<br>s No                                     |
|  | 9. Name and Address of Current  | Registered Agent   |                                  | 10. Name and Address of New F  | Registered Agent   |
|  |   |  | 81 Name                          |  |  |
| 662 M  | CHON, KATHLEEN M.<br>ARINA PT DR.<br>DNA BCH. FL 32114  | •  | 82 Street /                      | Address (P.O. Box Number is Not Acceptat   | ole)   |
| DATE   | HA DON FL 32114   |  | <b>84</b> City                   |  | FL 85 Zip Code   |
| or registere<br>familiar with<br>SIGNATURE                                   | o the provisions of Sections 607.0502 ad agent, or both, in the State of Florida, and accept the obligations of Sections, and accept the obligations of Sections 607.0502 | ia: Such change was autho<br>on 607.0505, Florida Statut | rized by the corporation's:      | propration submits this statement for the publicand of directors. Thereby accept the app | ripose of changing its registered office pointment as registered agent. I am |
| 12.  | OFFICERS AND  |  | <b>I</b> 13.                     |  | FIGERS AND DIRECTORS IN 12   |
| TITLE  | DPT   | DSLETE   | 1 11II.F                         |  | ☐ Change ☐ Addition  |
| NAME   | HENRICHON, RICHARD  |  | 1.2 NAME                         |  |  |
| STREET ADDRESS   | 662 MARINA PT DR.   |  | 1.3 STREET ADDRESS               |  |  |
| CITY - ST - 7:P  | DAYTONA BEACH FL  |  | 1.4 CITY - ST - ZIP              |  |  |
| TITLE  | \$  | DELF1E   | 2 1 HHi                          |  | Change Addition  |
| NAME   | HENRICHON, KATHLEEN   |  | 2.2 NAME                         |  |  |
| STREET ADDRESS   | 662 Marina PT Dr.   |  | 2.3 STREET ADDRESS               |  |  |
| CITY-ST-ZIP  | DAYTONA BEACH FL  |  | 2.4 City - ST - ZIP              |  |  |
| TITLE  |   | DEL ETE  | 3 1 TiTLE                        |  | Change Addition  |
| NAME   |   |  | 3.2 NAME                         |  |  |
| STREET ADDRESS   |   |  | 3.3 STREFT ADDRESS               |  |  |
| CITY - ST - ZIP  |   | E) be tre  | 3.4 CITY - ST - ZIP              |  | Change Addition  |
| TITLE  |   | DELETE   | 4 1 TITLE                        |  | Change Addition  |
| NAME   |   |  | 4 2 NAME                         |  |  |
| STREET ADDRESS   |   |  | 4.3 STREET ADDRESS               |  |  |
| CITY-ST-ZIP<br>TITLE   |   | ☐ DELETE   | 4.4 CITY - S1 - ZIP<br>5.1 TITLE |  | Change Addition  |
| NAME   |   | L back it  | 5 2 NAME                         |  | 9"   |
| STREET ADDRESS   |   |  | 5.3 STREET ADORESS               |  |  |
| CHY-ST-ZIP   |   |  | 5 4 CITY - ST - ZIP              |  |  |
| TITLE  |   | DELETE   | 6 1 TITLE                        |  | Change Addition  |
| NAMÉ   |   | <u></u>  | 6.2 NAME                         | 1  |  |
| STREET ADDRESS   |   |  | 6.3 STREET ADDRESS               |  |  |
| CITY-ST-ZIP  |   |  | 64 CITY - ST - ZiP               |  |  |

14. Ho hereby certify that the information supplied with this fung is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)fs). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and a curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the receiver or trusted empowers to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Beat 13 in the report of the receiver or trusted empowers to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Beat 13 in the report of the receiver or trusted empowers to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE;

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-252-4081