FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J93210

(9)

Mailing Address

A.H. & F. MANAGEMENT ASSOCIATES, INC.

FILED						
Mar 03 1997 8:00am						
Secretary of State						



244 S BEACH ST SUITE 202 DAYTONA BCH. FL 32114 US 2. Pancipal Place of Business		224 S BEACH ST SUITE 202 DAYTONA BCH. FL 32114-4419 US		Date Incorporated or Qualified 09/21/1987	3a. Date of Last Report 04/24/1996
				4. FEI Number	Applied For
346 S. Palmetto Ave. Suite, Apt #, etc.		26 346 S. Pa. Suite, Apt. #, etc.	lmetto Ave.	58-1752835 5. Certificate of Status Desired	Not Applicable \$8.75 Additional
22		27			Fee Required
	na Beach, FL	City & State Daytona Be	, <u>.</u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
^{Ζιρ} 3211	23 0011	Zφ 32114	Country 30 USA		Yes No
LICKIDA	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent
	CHON, KATHLEEN M. ARINA PT DR.				
	NA BCH. FL 32114			iress (P.O. Box Number is Not Acceptable	e)
			83		
[84 City		FL 85 Zip Code
office or reg	the provisions of Sections 607.0502 pistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was a	authorized by the corpora	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
S	green in appeal or printed in his of regularist agins t		E. Registered Agent signature requ		DATE
12.	OFFICERS AND DPT		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
	HENRICHON, RICHARD	☐ DELETE	1.1 TITLE		Ell Change Ell Addition
	662 MARINA PT DR.		1.2 NAME 1.3 STREET ADDRESS		
	DAYTONA BEACH FL		1.4 CITY-ST-ZIP		
	\$	DELETE	21 TITLE		Change Addition
1 7	HENRICHON, KATHLEEN		2.2 NAME		
	662 MARINA PT DR.		2.3 STREET ADDRESS		
CITY-ST-7/P	DAYTONA BEACH FL		2 4 City-ST-ZiP		
ERCE		☐ DELETE	3 1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST-Zir		Decen	3 4. CITY - ST - ZIP		Channa F Addition
T.TLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CHY-ST ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		L. Pettit	5.2 NAME		First Assession Til sudmitter
STROLE ACCURESS			5.3 STREET ADDRESS		
CHY-ST ZP			5.4 CITY-ST-ZIP		
TUTE		DELETE	6.1 TITLE		Change Addition
NAME		Marrows	6.2 NAME		•
STREET ADDRESS.			6.3 STHEET ADDRESS		
€(1Y+S1+7)P			6.4 CITY-ST-ZIP		
		al at the definition of the control		d in Conting \$10.07/2\/\) Elerida Statuta	a I Coult an appairt about the

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 appear or supplemental annual roport 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 dispetu of the personal or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.1 are appears in Block 12 or Block 13.1 are appears.

SIGNATURE:

SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97 904-252-408/

Daytime Phone #