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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # K69578

SRH INVESTMENTS, INC.

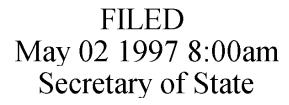
(8)

Principal Place of Business

Mailing Address

3211 OCEAN DRIVE

3211 OCEAN DRIVE





VEHO BEACH FL 32963		VEHU BEACH FL 32803-180/			}			
					3. Date Incorpo 02/24/1989	rated or Qualified	3a. Date of La 05/01/199	_ '
	lace of Business	2a. Mailing Address			4. FEI Number	<b>-</b>		Applied For
21 1580		26 15'80 GPACE Suite, Apt. #, etc.	WOOD LA	NE	59-29402	/8		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22					5. Certificate of	Status Desired		75 Additional e Required
City & State City & State				6. Election Campaign Financing \$5.00 Ma			00 May Be	
23 VER	OBEACH FL Country	28 VERO BEAL	OH FL		Trust Fund C	ontribution		ded to Fees
ZG 329	63 25 INDIAN RIVE	Zip 29 32963 3	Country 10 ノルシノタル A	P. JED	8. This corporat		rintangible tax und Yes	lers 199.032,
24 000	9. Name and Address of Current		30 / 77 / 77 / 30	(//		ddress of New R		194
HOP	KINS, SUSAN R.		81 Nam	16 4/05	DV.16	Cur al	0	
	RIVERWAY DRIVE	82 Street Address (P.O. Box Number is Not Acceptable)						
VER	D BEACH FL 32963			580	GRACE	WOOD L	ANE	
			83					į
			84 City	100	BEACI	il.	FL B5	Zip Code
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508. Florida Statutes	s. the above-name	ed corpo				ng its registered
office or r	egistered agent, or both, in the State of th	of Florida. Such change was au	thorized by the c					
SIGNATURE	Suran 1 HCD	Kun	out outside.					
	Signature, typed or purbouname of registered agen		Registered Agent signa	ture required		WINDER TO DEE	DATE	TODO IV. 40
12. 111.E	OFFICERS AND PSTD	DELETE	13.	<i>P</i> 5'		HANGES TO OFF	CERS AND DIREC	
NAME	HOPKINS, SUSAN R.	La beten	1.2 NAME		TD PKINS, SU	1604 0	LESS ONE	ingo La Madition (
STREET ADDRESS	265 RIVERWAY DRIVE		1,3 STREET ADDRES	S 150	80 GRACE	IOOD LAK	le	i
City - St - ZiP	VERO BEACH FL 32963		1.4 CITY - ST - ZIP	VE	RO BEACH	FL 399	63	
11°1.f		DELETE	2.1 TITLE			· · · · · · · · · · · · · · · · · · ·	Cha	nge Addition
NAME			2.2 NAME					
STREET ADORESS			2.3 STREET ADDRES	s				
011Y - S1   20F		DELETE	2. 4 CITY-ST-ZIP				Cha	nge Addition
T TLF NAME		L_J vecile	3.7 TOLE 3.2 NAME				L. 0116	inge [] Addition
STREET ADDRESS			33 STREET ADDRES					
City - \$1 - 70°			3.4 CITY-ST-ZIP					
71167		DELETE	4.1 TITLE		***************************************		☐ Cha	nge Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRES	S.				
CHT-ST ZIP			4.4 CITY - ST - ZIP					
TITLE		☐ DELETE	5.1 TITLE				L Cha	nge L. Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRES	SS				
CHY ST 7⊅ DHEF		DELETE	5.4 CiTY-ST-ZiP 6.1 TITLE				Cha	nge Addition
NAME		——————————————————————————————————————	6.2 NAME				brand 5.10	
STREET ADDRESS			6.3 STREET ADDRES	ss				
CHY-SI-ZIP			6.4 CITY-ST-ZIP					
14. Ldo here	by certify that the information supplied on indicated on this appual report or si	with this filing does not qualify	for the exemptio	n stated	in Section 119.07(	3)(i), Florida Statut	es. I further certify	that the

Tam an efficer 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:**