

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

**FILED**

**Jan 23 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K99098 (1)**

1. Corporation Name  
**R.H.F. MANAGEMENT INC.**



Principal Place of Business <b>408 SE AVENUE E STE. 103 BELLE GLADE FL 33430</b>	Mailing Address <b>408 SE AVENUE E STE. 103 BELLE GALDE FL 33430-4044 US</b>
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3. Date Incorporated or Qualified <b>06/29/1989</b>	3a. Date of Last Report <b>02/12/1996</b>
4. FEI Number <b>65-0134935</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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g. Name and Address of Current Registered Agent <b>TEETS, FRANK D 12669 WHITE CORAL DR. WELLINGTON FL 33414</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>TEETS, FRANK D</b>	1.1 TITLE	1.2 NAME
STREET ADDRESS <b>12669 WHITE CORAL DR.</b>	CITY-ST-ZIP <b>WELLINGTON FL</b>	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP <b>33414</b>
TITLE <b>VD</b>	NAME <b>TEETS, SUE C</b>	2.1 TITLE	2.2 NAME
STREET ADDRESS <b>12669 WHITE CORAL DR.</b>	CITY-ST-ZIP <b>WELLINGTON FL</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP <b>33414</b>
TITLE <b>STD</b>	NAME <b>TEETS, FRANK D, JR</b>	3.1 TITLE	3.2 NAME
STREET ADDRESS <b>12773 W. FOREST HILL BLVD.</b>	CITY-ST-ZIP <b>WELLINGTON FL</b>	3.3 STREET ADDRESS <b>1384 PRIMROSE LANE</b>	3.4 CITY-ST-ZIP <b>33414</b>
TITLE <b>VD</b>	NAME <b>TEETS, JAMES CRAWFORD</b>	4.1 TITLE	4.2 NAME
STREET ADDRESS <b>1451 SAILBOAT CIRCLE</b>	CITY-ST-ZIP <b>WEST PALM BEACH FL</b>	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP <b>WELLINGTON, FL 33414</b>
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frank D Teets* PRES. 1-16-97 561-791-3256  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)