SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 8:53

DOCUMENT # L30351 (5)

1. Corporation Name
LAH ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~731 N. FEDERAL HWY~~	~~731 N. FEDERAL HWY~~
~~FT. LAUDERDALE FL 33304-2732~~	~~FT. LAUDERDALE FL 33304-2732~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1989
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 1581 W TERRA MAR DR	26 1581 W TERRA MAR DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 POMPANO BCH	28 POMPANO BCH
24 Zip 33062 25 Country BROW	29 Zip 33062 30 Country BROW

4. FEI Number: 65-0158152 ☐ 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	10. Name and Address of New Registered Agent
HOLT, LEO ~~731 N. FEDERAL HWY.~~ ~~FT. LAUDERDALE FL 33304~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1581 W TERRA MAR DR 83 84 City POMPANO BCH FL 85 Zip Code 33062

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 LEO HOLT ✓ Leo Holt ✓ DATE 6 6 95
Signature, type(s) or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, DELETIONS AND/OR CORRECTIONS	
TITLE	P	11 TITLE	PRESIDENT ☐ Change ☒ Addition
NAME	~~HOLT, PATRICIA A~~	12 NAME	LEO HOLT
STREET ADDRESS	~~731 N FED HWY~~	13 STREET ADDRESS	1581 W TERRA MAR DR
CITY-ST-ZIP	~~FT LAUDERDALE FL~~	14 CITY-ST-ZIP	POMPANO BCH FL 33062
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	~~HOLT, COLLEEN A~~	22 NAME	
STREET ADDRESS	~~504 ROSE LANE~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~HAVERFORD PA~~	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	~~HOLT, TIMOTHY S~~	32 NAME	
STREET ADDRESS	~~504 ROSE LANE~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~HAVERFORD PA~~	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	~~HOLT, LEO D~~	42 NAME	
STREET ADDRESS	~~504 ROSE LANE~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~HAVERFORD PA~~	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: Leo Holt LEO HOLT 6/6/95 305 542 7
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071644 CP