'File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. DIVERSITY NOT HELD ME. FLORIDA DEPARTMENT OF STATE
Kathorine Harris LIMITED LIABILITY COMPANY ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAY 10 AM 9: 54 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT # 197000000866** M.H.P. GROUP, L.C. 6403 N.W. 102ND TERRACE PARKLAND FL 33076 1a. Principal Place of Business Address 6403 N.W. 102ND TERRACE PARKLAND FL 33076 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 08/08/1997 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 54-7688857 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Ζıp Country \$8.75 Additional Fee Required 06/26/1998 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent MCCONIHAY, STEPHEN E Street Address (P.O. Box Number is Not Acceptable) 38615 Lansing Ave Zephyrhills, FL 33540 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608,416 and 608,508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinclation) Managing Members/Managers 10. Title **Business Street Address** City, State and Zip Code MGR STEWART, HUGH 6403 N.W. 102ND TERRACE PARKLAND FL WOODS, DANIEL MGR 1859 PINE ISLAND RD. PLANTATION FL ~05718799 -- 01074---018. aaaa197 50 - ****197,50 11. Ido 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Flonda Statutes, and that my name appears in Block 10, or on an attachment with an address.

INHSE10 R (12-98)

SIGNATURE: