

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17963** (2)

1. Corporation Name

H-O FOUNDATION, INC.

Principal Place of Business

Mailing Address

% HAROLD L. OSHRY  
5304 WOODLANDS BLVD.  
TAMARAC FL 33319-3026

% HAROLD L. OSHRY  
5304 WOODLANDS BLVD.  
TAMARAC FL 33319-3026

3. Date Incorporated or Qualified

11/25/1986

4. FEI Number

13-6271907

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSHRY, HAROLD L.  
5304 WOODLANDS BLVD.  
TAMARAC FL 33319

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Harold L. Oshry*  
Signature, typed or printed name of registered agent and title if applicable.

*HAROLD L OSHRY*  
(NOTE: Registered Agent signature required when reinstating)

*1/7/98*  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	OSHRY, HAROLD L.	
STREET ADDRESS	5304 WOODLANDS BLVD.	
CITY-ST-ZIP	TAMARAC FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	OSHRY, CLAIRE	
STREET ADDRESS	5304 WOODLANDS BLVD.	
CITY-ST-ZIP	TAMARAC FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	OSHRY, MICHAEL H.	
STREET ADDRESS	375 HEATHER LANE	
CITY-ST-ZIP	HEWLETT HARBOR NY	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	Ms Suzanne Oshry	
STREET ADDRESS	626 Santa Monica Blvd #C	
CITY-ST-ZIP	Santa Monica CA 90401-1066	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harold L. Oshry* *HAROLD L OSHRY* *1/7/98* *954-739-5304*

CR2E037 (10/97)