

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000002776 (2)**

1. Corporation Name

**P.F.H., INC.**



Principal Place of Business

P OBOX 2006  
BOCA RATON FL 33427  
US **RATON**

Mailing Address

P OBOX 2006  
BOCA RATON FL 33427  
US

3. Date Incorporated or Qualified  
**06/03/1994**

3a. Date of Last Report  
**08/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

30 Country

4. FEI Number  
**65-0509617**

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

**MILLER, DALE  
7723 LA MIRADA DR  
SUITE 301  
BOCA RATON FL 33433**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	DELETE
NAME	<b>MILLER, DALE</b>	
STREET ADDRESS	<b>7723 LA MIRADA DR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GRANER, THOMAS U</b>	
STREET ADDRESS	<b>1323 TAMARAIND WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LANDIS, ANITA</b>	
STREET ADDRESS	<b>6302 NW 23RD RD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SALTERS, DAMITA R</b>	
STREET ADDRESS	<b>444 WESTREE LANE</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	<b>33433</b>	
2.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JEFFREY DRAPALA</b>	
2.3 STREET ADDRESS	<b>77 VIA DE CASAS NORTE</b>	
2.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33426</b>	
3.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>EDWARD MERCER</b>	
3.3 STREET ADDRESS	<b>40 PRUDENTIAL, 1776 N. PINE ISLAND RD.</b>	
3.4 CITY-ST-ZIP	<b>STE. 100, FT. LAUDERDALE, FL 33322</b>	
4.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>JUDITH R. LEVERENZ</b>	
4.3 STREET ADDRESS	<b>305 RIVERDALE RD.</b>	
4.4 CITY-ST-ZIP	<b>LAKE WORTH, FL 33461</b>	
5.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>STANLEY BRADY</b>	
5.3 STREET ADDRESS	<b>400 SO. DIXIE HWY., STE. 421</b>	
5.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b>	
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 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)(k), 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: Judith R. Leverenz JUDITH R. LEVERENZ 4/26/96 407-395-6650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)