


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90019 001 *1,540.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000002240					
1. Corporation Name NH1 FACILITIES ASSOCIATION, INC.					
Principal Place of Business 311 PARK PLACE BLVD CLEARWATER FL 33759			Mailing Address 311 PARK PLACE BLVD CLEARWATER FL 33759		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/17/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3510453	Applied For <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ZSCHAU, JULIUS J 911 CHESTNUT ST CLEARWATER FL 33759				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLINS, THERESA			1.2 NAME	Sellinger, John A.		
STREET ADDRESS	311 PARK PLACE BLVD, STE 600			1.3 STREET ADDRESS	311 Park Place Boulevard, Suite 600		
CITY-ST-ZIP	CLEARWATER FL 33759			1.4 CITY-ST-ZIP	Clearwater, FL 33759		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SELLINGER, JOHN A			2.2 NAME	Miller, Francine		
STREET ADDRESS	311 PARK PLACE BLVD, STE 600			2.3 STREET ADDRESS	311 Park Place Boulevard, Suite 600		
CITY-ST-ZIP	CLEARWATER FL 33759			2.4 CITY-ST-ZIP	Clearwater, FL 33759		
TITLE	TSD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Secretary/Treas./Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIKORSKI, FRED J			3.2 NAME	Small, Ed		
STREET ADDRESS	311 PARK PLACE BLVD, STE 600			3.3 STREET ADDRESS	311 Park Place Boulevard, Suite 600		
CITY-ST-ZIP	CLEARWATER FL 33759			3.4 CITY-ST-ZIP	Clearwater, FL 33759		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/20/99 727-796-0911

CR2E037 (5/99)