
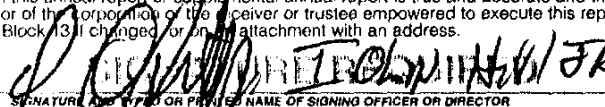


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000009438 (1)</b>					
1. Corporation Name <b>I.O.H., INC.</b>					
Principal Place of Business <b>2804 DEL PRADO BLVD SUITE 107-208 CAPE CORAL FL 33904 US</b>			Mailing Address <b>2804 DEL PRADO BLVD SUITE 107-208 CAPE CORAL FL 33904-7252 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/09/1993</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report <b>04/30/1996</b>	
22. City & State		27. City & State		4. FEI Number <b>65-0480391</b>	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>HILL, I. OLIN 2804 DEL PRADO #107/208 CAPE CORAL FL 33904</b>			10. Name and Address of New Registered Agent		
			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83.		
			84. City <b>FL</b> 85. Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	HILL, I. OLIN JR.				
STREET ADDRESS	2804 DEL PRADO BLVD 107-208				
CITY-ST-ZIP	CAPE CORAL FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HILL, I. OLIN III				
STREET ADDRESS	2804 DEL PRADO BLVD 107-208				
CITY-ST-ZIP	CAPE CORAL FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	PLACE, HARRY B				
STREET ADDRESS	2804 DEL PRADO BLVD 107-208				
CITY-ST-ZIP	CAPE CORAL FL				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	ROTH, GARY				
STREET ADDRESS	2804 DEL PRADO BLVD 107-208				
CITY-ST-ZIP	CAPE CORAL FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	MORRIS, JOHN W				
STREET ADDRESS	2804 DEL PRADO BLVD 107-208				
CITY-ST-ZIP	CAPE CORAL FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13. I changed or updated attachment with an address.					
SIGNATURE:  <b>PROF/EST. 4/28/97 941 945-1900</b>					
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)