SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Aug 22 1997 8:00am Sandra B Mortham

FILED

ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS							Secretary of State					
DOCUMENT # P93000043003 (1) NHF, INCORPORATED												
NIC, I	NOONFONATED											
Principal Plac	e of Business	Mailir	ng Address				-	1 CONTROL III ININA 1111 AA111 20111 A				
440 \$ FEDERAL HWY 440 \$ FEDERAL HWY												
STE 112 STE 112 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 3344					41			DO NOT WRITE	IN THIS S	PACE		
US			US				Ţ	3. Date Incorporated or Qualified		te of Last Re	•	7
2. Principal Place of Business			2a. Mailing Address					06/17/1993 4. FEI Number	⊥08	/09 <u>/1996</u>		4
1000 1100 1100 H			813 HOPE AVE			1	65-0423857		+-	plied For of Applicable	1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Certificate of Status Desired	X	\$8.75	Additional	1	
22 27						·	\pm	6. Election Campaign Financing		Fee Re \$5.00		+
23 NEU	U SHYRNA	15CH 28 1	VEW SH	4/21	//4	BCU		Trust Fund Contribution		Added t	o Fees	-
24 32/	69 25 VOL	ISIA 29 3	2169	30 2	DZ.	LUSIA	4	This corporation owes or has par Personal Property Tax due June		. ·	angible] No	
	9. Name and Address of	of Current Register	ed Agent					10. Name and Address of New Re		gent		1
FILINGS, INC. 3732 NW 16TH ST FT LAUDERDALE FL 33311					81	Name						
					82			s (P.O. Box Number is Not Acceptab	le)			
					83							1
					84	City				85 Zip (Code	+
11. Pursuant	to the provisions of Sections	: 607 0502 and 607	1508 Florida Statut	es the a	bove	e-named cor	nore	ation submits this statement for the p	FL WOOSE OF	changing it	e registered	4
office or a	registered agent, or both, in	the State of Florida.	Such change was a cotion 607.0505. Fig	authorize orida Stat	d by	the corpora	ation	's board of directors. I hereby accep	t the appo	intment as	registered	
SIGNATURE												
12,	Signature, typed or printed name of re	gislared agont and title if ap CERS AND DIRECTO		E Registere	d Age	nt signature requ	red v	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECTOR	S IN 12	<u>ا</u> د
TITLE	D		DELETE	1.1 Ti	TLE					Change	Addition	18
NAME	HEMMERICH, FRANK 440 S FEDERAL HWY SUITE 207 DEERFIELD BEACH FL				AME							3
STREET ADDRESS City-St-Zip					1.3 STREET ADDRESS 1.4 City - ST - Zip							ŭ
TITLE			DELETE	2,1 1		1-2(1				Change	Addition	8
NAME .				2.2 N	AME	[
STREET ADDRESS						ADDRESS			• •			
CITY-ST-ZIP TITLE			DELETE	3.171		51 - ZIP				Change	Addition	1
NAME				3.2 N	AME	ļ				-	_	
STREET ADDRESS				1		ADDRESS						
CITY-ST-ZIP TITLE			DELETE	3.4. C		T-ZIP				Change	Addition	-
NAME				4. 2 N		ŀ			•			
STREET ADDRESS				4.3 S	TREET	ADDRESS						
CITY-ST-ZIP			DELETE		TY-\$	T-ZIP				Channe	Address	-
TITLE NAME			□ Uttett	5.1 TI 5.2 N		1			ļ	Change	Addition	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP					TY-S	i						
TITLE		-	DELETE	6.1 TI						Change	Addition	
NAME	:			6.2 N		4DDDECC				•		
STREET ADDRESS CITY-ST-ZIP					ireet Ity-s'	ADDRESS						
	by certify that the information	supplied with this f	iting does not quali				d in	Section 119.07(3)(i), Florida Statutes	3. I further	certify that I	ihe	1

information indicated on this annual report or supplemental annual report in frue 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 combration or the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachypoly with straddress.