

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

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Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000046968 (2)**

1. Corporation Name
INTERNATIONAL HEALTH, INC.



Principal Place of Business 14235 PINE ST UNIT 3 HUDSON FL 34667 US	Mailing Address 14235 PINE ST UNIT 3 HUDSON FL 34667-1149 US
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3. Date Incorporated or Qualified 07/02/1993	3a. Date of Last Report 04/30/1996
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2. Principal Place of Business 21 14235 Pine ST.	2a. Mailing Address 26 14235 Pine ST.
Suite, Apt. #, etc. 22 UNIT 3	Suite, Apt. #, etc. 27 UNIT 3
City & State 23 Hudson FL	City & State 28 Hudson FL.
Zip 24 34667	Country 25 USA
Zip 29 34667	Country 30 USA

4. FEI Number 59-3219435	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HILL, FRED G.
14235 PINE ST
UNIT 3
HUDSON FL 34667**

10. Name and Address of New Registered Agent
81 Name Fred G. Hill
82 Street Address (P.O. Box Number is Not Acceptable) 14235 Pine ST.
83 Unit 3
84 City Hudson
85 Zip Code FL 34667

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 **Fred G. Hill President** *Fred G. Hill* **Feb 10, 1997**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE DPT	NAME HILL, FRED G	<input type="checkbox"/>
STREET ADDRESS 14235 PINE ST UNIT 3	CITY - ST - ZIP HUDSON FL	
TITLE DVS	NAME MARILYN J. MINICK	<input type="checkbox"/>
STREET ADDRESS 14235 PINE ST. NIT 3	CITY - ST - ZIP HUDSON FL	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	1.2 NAME		
1.3 STREET ADDRESS	1.4 CITY - ST - ZIP		
2.1 TITLE	2.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS	2.4 CITY - ST - ZIP		
3.1 TITLE	3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	3.4 CITY - ST - ZIP		
4.1 TITLE	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	4.4 CITY - ST - ZIP		
5.1 TITLE	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY - ST - ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
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 if changed, or on an attachment with an address.

SIGNATURE: *Fred G. Hill* **Fred G. Hill** **2-10-97** **813-863-4613**

CR2E034 (9/96)