**FILED** 

Jul 29, 1999 8:00 am Secretary of State

07-29-1999 90026 034 \*\*\*558.75

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SI	EPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO	REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P93000071293

CBH CAPITAL CORP.

Mailing Address (C) 8857 8RILL 10 CINCRWATI OH 45243  2. Principal Place of Business 2. Aging Address (D) NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 10/14/1993  4. FEE Number  5. Certificate of Status Desired 5. Souths, Apt. 6, etc. 27  38. TS Additional-Fee Required 28											
DO NOT WRITE IN THIS SPACE	Principal Plac	e of Business	Mailing Address				1 1,1881,111	)	<b>2</b> )11 <b>2 3</b> 111 <b>5 3</b> 111	4 M M M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1111 1991
DO NOT WRITE IN THIS SPACE	C/O 8057 BR	ILL RD.			•						
3. Date Incorporated or Qualified 10/14/1993 4. FEI Number 55-0457574 Not Applied For Stute, Apt. 4, etc.  Sulte,											
E. Principal Place of Business	US		_US	)						SPACE	
Principal Place of Business   2a. Majling Address   2a. Majling			1.	/_							
Sulfe, Apt. 6, etc.    Sulfe, Apt. 6, etc.			•				10/14/19	993			
Suite, Apt. #, etc.   27   27   27   28   28   27   28   27   29   27   29   27   29   27   20   20	2. Principal F	Place of Business					4. FEI Numbe	<u> </u>		Applied	For
Suite, Apt. #, etc.   27   27   27   28   28   27   28   27   29   27   29   27   29   27   20   20	21		26 P.O. Box	25	لىل		65-0457	574		Not App	licable
City & State    27	- Suite, Apt.	#, etc.	Suite, Apt. #, etc	-			6 Cartificate	f Status Desired	A	\$8.75 Additi	onal-
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   Country   Count	22		27				5. Certificate C	on Status Desired	7	Fee Require	d
Ze		te	City & State				6. Election Ca	mpaign Financing		\$5.00 May	Be
Zip   25   25   22   22   22   23   22   25   25	23		28 KAN CHO SA	WITH	F£.	CA.	Trust Fund	Contribution			
9. Name and Address of Current Registered Agent 2577   10. Name and Address of New Registered Agent CORPCO INC 2699 S BAYSHORE DR SUITE 700   83   Street Address (P.O. Box Number is Not Acceptable)   84   City   FL   85   Zip Code   85   Zip Code   85   Zip Code   86   Zip Code   86   Zip Code   86   Zip Code   86   Zip Code   87   Zip Code   87   Zip Code   87   Zip Code   88   Zip Code   28		Country			y		8. This corpora	ation owes the curr	ent vear		
9. Name and Address of Current Registered Agent 2577   10. Name and Address of New Registered Agent CORPCO INC 2699 S BAYSHORE DR SUITE 700   83   Street Address (P.O. Box Number is Not Acceptable)   84   City   FL   85   Zip Code   85   Zip Code   85   Zip Code   86   Zip Code   86   Zip Code   86   Zip Code   86   Zip Code   87   Zip Code   87   Zip Code   87   Zip Code   88   Zip Code   28	24	25	29 92067 -	30 (/	SA					Yes XNo	
CORPCO INC 2699 S BAYSHORE DR SUITE 700 MIAMI FL 33133 :  82 City FL 85 Zip Code  62 City FL 85 Zip Code  63 City FL 85 Zip Code  64 City FL 85 Zip Code  65 City FL 85 Zip Code  66 City FL 85 Zip Code  67 Code  68 City FL 85 Zip Code  69 Zip Code  69 Zip Code  69 Zip Code  69 Zip Code  60 Zip		9. Name and Address of Curren	Registered Agent 2577				10. Name and	Address of New I	Registered	Agent	
2699 S BAYSHORE DR SUITE 700 MIAMI FL 33133  84 City FL 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, to mismillar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, to mismillar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, to mismillar with a fragilitative and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, to mismillar with a fragilitative and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, to mismillar the appointment as registered agent, to mismillar the appointment as registered agent, to mismillar agent, and accept the obligation's provided name of registered agent, and accept the obligation's provided name of registered agent, and accept the obligation's provided name of registered agent, and accept the appointment as registered agent, and accept the obligation's provided name of registered agent, and accept the obligation's provided name of registered agent, and accept the obligation's provided name of registered agent, and accept the obligation's provided name of registered agent, and accept the obligation's provided name of registered agent, and accept the obligation's provided name of registered agent, and accept the obligation's provided name of registered agent, and accept the obligation's prov			<del></del>	8	1 Name	,					
SUMAMI FL 33133:    Pursuant to the provisions of sections 607 0502 and 607.1508. Florida Statutes, the abover-named corporation submits this statement for the purpose of changing its 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, am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.    SIGNATURE	CO	RPCO INC		<u>_</u>							
MIAMI FL 33133     84	2699 S BAYSHORE DR				2 Stree	t Addre	ss (P.O. Box Nun	nber is Not Accepta	ible)		
MIAMI FL 33133:    B4   City	SU	TE 700		<u>-</u>	1						
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2. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITLE  AME  HEWETT, CHRISTOPHER B  40 PEARL STREET, N.W., STE. 900  GRAND RAPIDS MI 49503  14 CITY-ST-ZIP  ITLE  AME  SCHERMER, ROBERT E JR  40 PEARL STREET, N.W., STE. 900  GRAND RAPIDS MI 49503  12 A CITY-ST-ZIP  ITLE  AME  31 STREET ADDRESS  40 PEARL STREET, N.W., STE. 900  GRAND RAPIDS MI 49503  24 CITY-ST-ZIP  ITLE  AME  33 STREET ADDRESS  17 ST-ZIP  ITLE  AME  AME  AME  AME  AME  AME  AME  A	agent. I SIGNATURE					ture requir	ed when reinstating)		DATE		_
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.4 CITY-ST-ZIP 6.1 TITLE

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change Addition