


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

FILED  
Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF REVENUE Sandra B. Morthland Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000036022 (9)</b> 1. Corporation Name <b>VANHOE SERVICES INC.</b>			
Principal Place of Business <b>8960 SOUTH WEST 158TH STREET MIAMI FL 33157</b>		Mailing Address <b>8960 SOUTH WEST 158TH STREET MIAMI FL 33157-1944</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent <b>LYNCH, MARIAN 8960 SOUTH WEST 158TH STREET MIAMI FL 33157</b>			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, as officer 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 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 NAME STREET ADDRESS CITY-ST-ZIP PTD LYNCH, MARIAN 8960 SOUTH WEST 158TH STREET MIAMI FL 33157		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD LYNCH, MONIQUE 8960 SOUTH WEST 158TH STREET MIAMI FL 33157		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V LYNCH, MICHAEL 8960 SW 158 STREET MIAMI FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addition	
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: <i>[Signature]</i> 3/20/97 305 253 9966			



CR2E034 (9/96)