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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400050871 (0)

M H PRODUCTIONS, INC.					
Principal Plac	e of Business	Mailing Address			09141 00401 91411 00141 10111 food 1870 864F
1045 E. ATLANTIC AVE 6141 WESTFALL ROAD				}	
301 LAKE WORTH FL 33463 DELRAY BEACH FL 33483-6955 US				DO NOT WRITE IN THIS SPACE	
US				3. Date incorporated or Qualifier	
	_			07/01/1994	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	Westfall Road	26		65:0522440	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	ا من عمد المسماد المسا			6. Election Campaign Financing	
Zip	Country	7(p	Country	Trust Fund Contribution	Added to Fees
24 3346		29	30	This corporation owes or has     Personal Property Tax due Ju	· — · — ·
24, 44	9. Name and Address of Current		1001	10. Name and Address of New	
HOFFMANN, MICHAEL J 81 Name					
AGAR E ATLANTIO AND OUTIF OOA			82 Street Addre	ess (P.O. Box Number is Not Accept	able)
DELRAY BEACH FL 33483			6(4)	E Alexander West	all Road
			83		
			B4 City	ke worth	FL 85 Zip Code 33443
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the above-named corp	oration submits this statement for the	purpose of changing its registered
agent. La	egistered agent, or both, in the Strite im familiar with, and accept the obligations.	itions of, Section 607.0505, Fl	orida Statutes	on a pour of uneofors. Thereby acc	sopt the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered agor OFFICERS AND		E: Registered Agent signature recluire  13.		FICERS AND DIRECTORS IN 12
TITLE	CDP	DELETE	1.1 TITLE	7,501116116161111111111111111111111111111	Change Addition
NAME	HOFFMANN, MICHAEL J		1.2 NAME		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	6141 WESTFALL RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP		
TITLE	DST	DELETE	2.1 TITLE		Change Addition
NAME	HOFFMANN, CANDACE A		2.2 NAME		
STREET ADDRESS	6141 WESTFALL RD		2.3 STREET ADDRESS		
CiTY-ST-ZIP	LAKE WORTH FL 33463		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		LIBELETE	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		□ pecent			C Change C Accinon
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		- Company
STREET ADDRESS			6.3 STREET ADDRESS		
J GITTLE ADDRESS			0.5 STREET ADDRESS		

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.

**FILED** 

May 07 1998 8:00am

Secretary of State