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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000062126

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90122 017 \*\*\*150.00

1. Corporation	n Name	0002120			
M. H. PROPERTIES, INC.					
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Principal Place of Business Mailing Address				1 (24(158) lik leki sikit dahit sent sarih sarih situs situs sarih	•••
133 SE 5TH ST. N. 133 SE 5TH ST. N.					
BELLE GLADE FL 33430 BELLE GLADE FL 33430			)	DO NOT INDITE IN THIS SPACE	
	•			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
·				08/19/1994	ĺ
- D: :-1.D	· · · · · · · · · · · · · · · · · · ·	A. Mailine Address		4, FEI Number Applied For	
	lace of Business	2a. Mailing Address		65-0517049 Applied Follows	
21	ш	Suite, Apt. #, etc.		\$8.75 Additional	$\overline{}$
Suite, Apt.	#, etc.	<del></del>		5. Certificate of Status Desired  Fee Required	' }
City & State	_ =	City & State		5. Flection Compaign Financing \$5.00 May Re	$\dashv$
23	,	28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	This corporation owes the current year Intangible	ᆨ
24	25	29	30	Personal Property Tax.	
24	9. Name and Address of Cu			10. Name and Address of New Registered Agent	
			81 Name		ĺ
MAR	TIN, H J		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
133	SE 5TH ST. N.		52 Street Auc	diess (F.O. Box Nulliber is Not Acceptable)	}
BELL	LE GLADE FL 33430		83		
			041.00	85 Zip Code	
ļ			84 City	FL	٠
11. Pursuant	to the provisions of Sections 607	.0502 and 607,1508, Florida Sta	itutes, the above-named cor	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	∍d
office or re	egistered agent, or both, in the S	state of Florida/Such change wa	s authorized by the corporal Elorida Statutes.	tion's board of directors. I hereby accept the appointment as registered	1
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		/ 1 <u>/                                 </u>	/ N	The state of the s	
SIGNATURE	Signature, typed or printed name of registere	od agent and title if applicable. (N	OTE: Registered Agent signature requi		
SIGNATURE		S AND DIRECTORS	OTE: Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
· ·				(100 M) All (100 M) All (100 M)	
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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, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

561-976-7549

Daytime Phone #

(00/14/100)