

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

FILED

Apr 22 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P94000063114 (0)**

1. Corporation Name  
**MRH ON-LINE, INC.**

Principal Place of Business  
**142 MAPLECREST CIRCLE**  
**JUPITER FL 33458**  
**US**

Mailing Address  
**142 MAPLECREST CIRCLE**  
**JUPITER FL 33458-7806**  
**US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/25/1994</b>	3a. Date of Last Report <b>08/27/1996</b>
21. <b>1527 S. Flagler Dr.</b>	26. <b>P.O. Box 638</b>			4. FEI Number <b>65-0683461</b>	Applied For Not Applicable
22. <b>107</b>	27. <b>West Palm Beach FL</b>			5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. <b>West Palm Beach FL</b>	28. <b>West Palm Beach FL</b>			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. <b>33401</b>	29. <b>33402</b>	30. <b>33402</b>	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  
**LUCERO, KENNETH A**  
**1527 S. FLAGLER DR., #107**  
**WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code
<b>FL</b>	

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: *Kenneth A. Lucero* DATE: **4-15-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HICKS, JERRY W</b>	1.2 NAME	
STREET ADDRESS	<b>142 MAPLECREST CIRCLE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JUPITER FL 33458</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DM</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUCERO, KENNETH A</b>	2.2 NAME	
STREET ADDRESS	<b>142 MAPLECREST CIRCLE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JUPITER FL 33458</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWARD, MERADITH M</b>	3.2 NAME	
STREET ADDRESS	<b>142 MAPLECREST CIRCLE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JUPITER FL 33458</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Sandra B. Mortham* DATE: **4/15/97**

CR2E034 (9/96)