

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000071104 (1)**

1. Corporation Name

3 H MANAGEMENT CORPORATION



Principal Place of Business

**10000 SHERIDAN ST.
STE. 102
PEMBROKE PINES FL 33024
US**

Mailing Address

**10000 SHERIDAN ST.
STE. 102
PEMBROKE PINES FL 33024
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1994

4. FEI Number

65-0523989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HOWARD, GEORGE W
10060 SHERIDAN ST.
SUITE 204
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

81. Name

GEORGE W. HOWARD I.

82. Street Address (P.O. Box Number is Not Acceptable)

**10000 SHERIDAN ST. SUITE 102
PEMBROKE PINES FL. 33024**

83. 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

George W. Howard I.
Signature, typed or printed name of registered agent and the applicable

GEORGE W. HOWARD I.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD, MIRANDA	
STREET ADDRESS	10000 SHERIDAN ST., STE. 102	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE, HOWARD W	
STREET ADDRESS	10000 SHERIDAN ST., STE. 102	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	GEORGE W. HOWARD I.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRESIDENT	
1.3 STREET ADDRESS	10000 SHERIDAN ST. SUITE 102	
1.4 CITY-ST-ZIP	PEMBROKE PINES FL. 33024	

2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MIRANDA S. HOWARD	
2.3 STREET ADDRESS	10000 SHERIDAN ST. SUITE 102	
2.4 CITY-ST-ZIP	PEMBROKE PINES FL. 33024	

3.1 TITLE	TREASURER/SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MIRANDA S. HOWARD	
3.3 STREET ADDRESS	10000 SHERIDAN ST. SUITE 102	
3.4 CITY-ST-ZIP	PEMBROKE PINES FL. 33024	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

CR2E034 (10/97)