

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000074610 (4)

1. Corporation Name

S & H HOLDINGS INC.



Principal Place of Business

4768 EAST BAY DRIVE
CLEARWATER FL 34624

Mailing Address

4768 EAST BAY DRIVE
CLEARWATER FL 34624

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LEOUSIS, ELIAS
4768 EAST BAY DRIVE
CLEARWATER FL 34624

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/11/1994

3a. Date of Last Report

04/10/1995

4. FEI Number

59-3272908

Applied for

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 190.03,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

Signature of the person who is authorized to execute this report.

Signature of the person who is authorized to execute this report.

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE

D

☐ DELETE

NAME

SKOLNICK, SAUL

STREET ADDRESS

5551 ASHDALE AVE

CITY- ST- ZIP

MONTREAL CA

TITLE

D

☐ DELETE

NAME

ABRAMOVITCH, HARRY

STREET ADDRESS

70 BIRCHVIEW

CITY- ST- ZIP

DOLLARO DES ORMEAUX CA

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY- ST- ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate. I further certify that the information included on this annual report or supplemental annual report, that I am an officer or director of the corporation or its predecessor or trustee and appears in Block 12 or Block 13 if changed, or as an attachment with an addendum.

does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report, that I am an officer or director of the corporation or its predecessor or trustee and appears in Block 12 or Block 13 if changed, or as an attachment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 20/96

CR2E034 (12/95)