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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # P94000074610 (4)

S & H HOLDINGS INC. Principal Place of Business Mailing Address 4768 EAST BAY DRIVE 4768 EAST BAY DRIVE

CLEARWATER FL 34824		CLEARWAYER FL 34824-5757			
				3. Date Incorporated or Qualified 10/11/1994	3a, Date of Last Report 03/28/1996
2. Principal Fi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3272908	Not Applicable
Suite, Apt 22	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7ip 24	Country 25	Zip 29	Country 30		Yes No
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Re	gistered Ağent
LEO	usis, Elias		81 PLIAS	s LEOUSIS	
4768	B EAST BAY DRIVE		82 Street Add	iress (P.O. Box Number is Not Acceptable	ile)_
CLE/	ARWATER FL 34624) ISTANE NO #)C	<u> </u>
			83	C C	
			84 City		a5 Zip Code
			57.	PETERSBURG	FL ママフェマ
11. Pursuant i	to the provisions of Sections 607.0	3502 and 607.1508, Florida Statut	tes, the above-named corpora	poration submits this statement for the pation's board of directors. I hereby acceptation	urpose of changing its registered
agent. La	m lamilia with, and accept the ob	ligations of Section 607.0505, FI	orida Statutes.	months bound on amountain, the boy about	4/ /2
SIGNATURE	4	EUAS LE	2120		1/2/97
40	grature, typed or printed name of registered	agent and title if applicable: (NOT AND DIRECTORS	E Registered Agent signature requ	ADDITIONS/CHANGES TO OFFIC	*DATE
12.	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	SKOLNICK, SAUL	□ v	1.2 NAME		
STREET ADDRESS	5551 ASHDALE AVE		1.3 STREET ADDRESS		
CITY - ST - ZIP	MONTREAL CA		1.4 City-St-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	ABRAMOVITCH, HARRY		2.2 NAME		
STREET ADDRESS	70 BIRCHVIEW		2.3 STREET ADDRESS		
CITY-ST-ZIP	DOLLARO DES ORMEAUX O	A	2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		" ' ' '
STREET ADORESS			3.3 STREET ADDRESS		
CHTY- ST - 7IP			3.4. CITY - ST - ZIP		
THLE		DELETE	4.1 TITLE		Change Addition
NAME }			4.2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY ST-74P			5.4 CITY-ST-ZIP		
F-3315-31-51		Delete	0.7 OF 68	······································	Change Addition

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 chapted, or on an attachment with an address.

SIGNATURE:

NAME STREET ADDRESS

FILED

Apr 10 1997 8:00am

Secretary of State