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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

S & H	1, INC.				
SUITE 7070 SUITE 7070		Mailing Address 2727 MARTIN LUTHER I	KING BLVD.		1 4 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Suite 7070 Tampa FL 33607-6383			
Iron VIII			· ·	3. Date Incorporated or Qualified 12/27/1994	3a. Date of Last Report 04/26/1996
· · ·	l Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite Ar	26 Suite, Apr. # etc. Suite, Apr. #, etc.			59-3292924	Not Applicable \$8.75 Additional
22	• • • • • • • • • • • • • • • • • • • •	27		5. Certificate of Status Desired	Fee Required
City & St	tate	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country		Country	Trust Fund Contribution 8. This corporation has liability for it	Added to Fees
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Re	pistered Agent
T.	201 N FRANKLIN STREET SUITE AMPA FL 33602 and to the provisions of Sections 607. For registered agent, or both, in the St I am familiar with, and accept the of		83 84 City utes, the above-named control authorized by the corporation and statutes.	corporation submits this statement for the poration's board of directors. I hereby accep	FL 85 Zip Code urpose of changing its registered the appointment as registered
SIGNATURI	Signature, typical or printed name of registered		OTE: Registered Agent signature re		DATE
12.	OFFICERS	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12 Change Addition
NAME	HEIDE, KATHLEEN M		1.2 NAME		demok Ab. Fresh 1 to 21 to 21
STREET ADDRES		KING BLVD. #7070	1.3 STREET ADDRESS		
CUTY - \$1 - 2iP	TAMPA FL 33607		1.4 CITY - ST - ZIP		
TITLE	D TO THE TOTAL TO	☐ DELETE	21 TITLE		Change Addition
NAME STREET ADDRES	SOLOMON, ELDRA P C/O 2727 MARTIN LUTHER	KING RIVID #7070	2.2 NAME 2.3 STREET ADDRESS		
CITY ST-ZIF	TAMPA FL 33607	MING DETU. PIUIU	2.3 STREET ADDRESS		
TITLE	17 11 11 11 11 11 11 11 11 11 11 11 11 1	☐ DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRES	ss		3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE NAME	}	ניו מנינונ	4.1 TITLE 4. 2 NAME		Change Addition
NAVI: STREET ADDRES	96		4.3 STREET ADDRESS		
CITY-ST-ZP	}		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	SS }		5.3 STREET ADDRESS		
CITY - ST - ZIP			54 CITY-ST-ZIP		
TITLE	}	☐ DELETE	6.1 TITLE		Change Addition
NAMÉ			6.2 NAME		
STREET ADORES	SS		6.3 STREET ADDRESS		
CITY - ST - ZIF	l,		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 AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/16/97

813872-0072

FILED

Apr 22 1997 8:00am

Secretary of State