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

PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name



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

1996	Con the second		
DOCUMENT #	P950000		

P95000000963 (5)

I & R M.H.P. PROPERTIES, INC.

L & H M.H.P. PHUPERTIES, INC	J.			
Principal Place of Business	Mailing Address			4
36106 ANGLER LANE DADE CITY FL 33525	36106 ANGLER LANE DADE CITY FL 33525			
			3. Date Incorporated or Qualified 01/05/1995	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address	allower Di	4. FEI Number 5.0 - 219/5/11//	Applied For
21 36 100 DocKSIDE PLAC Suite, Apt. #, etc.	E 26 36 00 100 Suite, Apt. #, etc.	KSIDE PLA	1CF 59-3286544	Not Amplicable \$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State 23 DADE CITY FL	City & State 28 DADE CIT	x FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country SA 24 33525 25 USA	9 33525	Country USA	8. This corporation has liability for in Florida Statutes Yes	X No
9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
				······
[ddress (P.O. Box Number is Not Acceptable	θ)
37908 CHURCH AVENUE DADE CITY FL		83		
ONDE ONT TE		84 City		85 Zip Code
 Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of F familiar with, and accept the obligations of, S 	florida. Such change was authorized	s, the above-named cor d by the corporation's t	poration submits this statement for the purp paird of directors. Thereby accept the appo	pose of changing its registered office pintment as registered agent. I am
SIGNATURE				
Signature, typed or printed name of registered a		:: Registered Agent signature re-		CLUC AND DIDECTORS IN 10
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFE	Change Addition
NAME RANDALL, GEORGE R		1.2 NAME		- ' ' '
STREET ADDRESS 36106 ANGLER LANE		1.3 STREET ADDRESS	36114 BASS DRIVE	-
CITY-ST-ZIP DADE CITY FL 33525		1.4 CiTY - ST - ZiP		
TITLE VD	☐ DELETE	2 1 TITLE		Change 🗌 Addition
NAME RANDALL, MARY A		2.2 NAME		V
STREET ADDRESS 36106 ANGLER LANE		2 3 STREET ADDRESS	36124 BASS DRIVE	=
CITY-ST-ZIP DADE CITY FL 33525		2 4 CITY - ST - ZIP		
TITLE VD	☐ DELETE	3 1 TITLE		Change Addition
NAME LANSDOWNE, CYNTHIA K		3 2 NAME		
STREET ADDRESS 36106 ANGLER LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP DADE CITY FL 33525	☐ OĒLĒTE	3.4 CITY- ST- 7IP	, , , , , , , , , , , , , , , , , , , ,	Change Addition
NAME LANSDOWNE, PAUL T	otter	4 2 NAME		
STREET ADDRESS 36106 ANGLER LANE		4 3 STREET ADDRESS		
CITY-ST-ZIP DADE CITY FL 33525		44 City - St - ZiP		
TITLE	☐ DELETE	5 1 TITLE		Change Addition
NAME		5 2 NAME		
STREET ADDRESS		5.3 STHEET ADDRESS		
CITY-ST-ZIP		5 4 CITY - ST - ZIP		
TITLE	☐ DELETE	6. 1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
City-St-ZiP 14. I do hereby certify that the information suppl	ied with this filing is valuntarily furnis	6 4 CITY - ST - ZIP	fy for the exemption stated in Section 119	07(3)(k), Florida Statutes, Lfurther

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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: LLONGER BANKED NAME OF SIGNING OFFICER OR DIRECTOR P. RANDALL 1-12-96 351-531+3601

CR2E034 (12/95)