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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

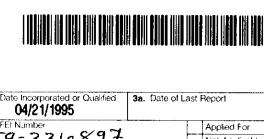
P95000032313 (5)

P & H CORPORATION OF MELBOURNE

Principal Place	of Business	 •

2700 KINGS MILL AVE. MELBOURNE FL 32934 Mailing Address

2700 KINGS MILL AVE. MELBOURNE FL 32934



MELBOURNE FL 32934		MELBOURNE FL 32934	MELBOURNE FL 32934		
				3. Date Incorporated or Qualified 04/21/1995	3a. Date of Last Report
2. Principal Pla	HARBOR BLVD	2a. Maling Address 26 270 Kの	S MELL	4. FEI Number	Applied For
<u></u>			13 1 1- AVE	59-3310897	
Suite, Apt. #		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State 23 MEL	BOURNE FL	City & State MELB CURD	e fl	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 329	40 25 Y-S-A	29 32934 30	Y.S.A.	This corporation has liability or in Florida Statutes Yes	
<u> </u>	g. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
	, RASHMIKANT B		82 Street Addres	ss (P.O. Box Number is Not Acceptab	ile)
2700 KINGS MILL AVE.			83		
MELBU	OURNE FL 32934		83		
			84 Orty		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the at	ove named corporat	tion submits this statement for the pur	pose of changing its registered office
familiar wit	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	n 607.0505, Florida Statutes.	corporation's board	or directors. I hereby accept the appo	Diritment as registered agent. I am
SIGNATURE _	RASH Styrature typed or production of registered a period	MEKANT B. JOS	THE , PAC	SEDENT OUZ	1-3[9 (
12.	OFFICERS AND			ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTORS IN 1
TITLE	PD IOOUIL DAOLILAII/ANT D		TITLE		Change F. ddition
NAME	JOSHI, RASHMIKANT B 2700 KINGS MILL AVE.		NAME .		· .
STREET ADDRESS	MELBOURNE FL 32934		STREET ADDRESS	**************************************	•
CITY - ST - ZIP TITLE	MECOOCHIAE FE 32834		CITY-ST-ZiP		Change Addition
NAME		==-	NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			11TLE		Change Addition
NAME		32	NAME		_
STREET ADDRESS		33	STREET ADDRESS		
CITY-ST-ZIP			Cify - Sf - Zif		
TITLE		☐ DELETE 4.1	THILE		☐ Change ☐ Addition
NAME		42	NAME		
STREET ADDRESS		43	STREET ADDRESS		
CITY-ST-ZIP		· <u></u>	C-1Y-SI-ZIP		
TITLE		-	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
TITLE			CITY-ST-ZIP TITLE		Change Addition
NAME			NAME		Francisco
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIF			CITY-SI-ZIF		

14. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Prione #