## 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

P95000090778 (8) **DOCUMENT #** 

1. Corporation Na M & H A	SSOCIATES, INC.	. ,				
Principal Place of B	Business	Mailing Address			68111 89111 68111 8811 <b>8</b> 18111 81	1184   1340   1 440 W   100 I 100 W
3450 PALENCIA DRIVE, SUITE 1708 431 DEEP HOLE ROAD CALVERTON NY 11933						
				<ol> <li>Date Incorporated or Qu 11/29/1995</li> </ol>	alified 3a. Date of L	ast Report
2. Principal Place	of Business Falencia Drive	2a. Mailing Address 26 431 Deep H	ole Rd.	4. FEI Number 59 - 33462	40	Applied For Not Applicable
Suite, Apt. #, et 2 Suite	tc.	Suite, Apt. #, etc.		5. Certificate of Status Des	¢	8.75 Additional Fee Required
City & State		28 Calverton	, W· Y·	6. Election Campaign Finar Trust Fund Contribution	- [-]	55.00 May Be Added to Fees
<sup>Zip</sup> 336/	Country	7611933	Country	8. This corporation has liab	ility for intangible tax un	ders 199.032,
4 556/	D 25	Pagistared Agent	30	Florida Statutes  10. Name and Address of		nt
<del></del>	). Name and Address of Curren	t negistered Agent	81 Name	John White	Itom Hogistored Agei	
343 ALME	FIRM OF LAWRENCE J SPIE RIA AVENUE ABLES FL 33134	GEL CHRTD	84 (1)	Address (P.O. Box Number is Not A 150 Pg Lencia D	rive, Suite	
			1 1 70	am pa	FL T	336/8
or registered a familiar with, a SIGNATURE Signa	agent, or both, in the State of Floric and accept the obligations of, Secti	la. Such change was authorized on 607.0505, Florida Statutes.  Pula (NOTE and title if applicable (NOTE	By the corporation's Registered Agent signature in		I - 2 4-	96
12.	OFFICERS AND		13.	ADDITIONS/CHANGES		ange V Addition
TITLE	PSTD WHITE, JOHN	☐ DELETE	1. 1 THTLE	White Frances	□ Cr	, –
NAME	3450 PALENCIA DRIVE, SUI	TE 1708	13 STREET ADDRESS 3450 Palencia Dr., Suite 1708			8   9
STREET ADDRESS	TAMPA FL 33618	12 1700	14 CHY-ST-ZIP	Tampa, FL. 3361	· ·	
CITY-ST-ZIP TITLE	174111711 2 00010	☐ DELETE	2 1 TITLE	14111 pt 31 21 3341		nange
NAME		<u></u>	2 2 NAME		<b></b>	
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NAME			3.2 NAME			
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CATY-ST-ZAP		T DO DE	3.4 CITY - ST - ZIP			Legion D Addition
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NAME			4.2 NAME			
STHEET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP	·- <del>-</del> - · · · · · · · · · · · · · · · · · ·	☐ DELETE	5 1 TITLE		[7] (1	nange Addition
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STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
Tille		DE_ETE	6 1 TITLE			nange Addition
NAME		- <del></del>	6 2 NAME			İ
STREET ADDRESS			6.3 STREET ADDRESS			1
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. I do hereby co certify that the oath; that I an	e information indicated on this annu	ua! report or supplemental annua ration or the receiver or trustee	al report is true and a empowered to execu	aify for the exemption stated in Sect ocurate and that my signature shall to to this report as required by Chapter	iave the same legal effec	ct as if made under

White Mes. JOHN WHITE PRES. 1-24-96
PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day-yore Proces SIGNATURE: \_