

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000097503 (3)**

1. Corporation Name
AHH HOLDINGS, INC.



Principal Place of Business 108 PARK PLACE BLVD. KISSIMMEE FL 34741	Mailing Address 108 PARK PLACE BLVD. KISSIMMEE FL 34741
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3380031	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	85	Zip Code
		FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VPST
NAME	MILLER, RODGER M	1.2 NAME	KOON, DAVID A
STREET ADDRESS	1 E 4TH PL.	1.3 STREET ADDRESS	108 PARK PLACE BOULEVARD
CITY-ST-ZIP	CINCINNATI OH 45202	1.4 CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	VPT	2.1 TITLE	D
NAME	LAGUARDIA, JOHN	2.2 NAME	Victor Kuller
STREET ADDRESS	108 PARK PLACE BLVD.	2.3 STREET ADDRESS	2699 S. Bayshore Drive, Suite 900E
CITY-ST-ZIP	KISSIMMEE FL 34741	2.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	VPS	3.1 TITLE	D
NAME	LAWSON, BETTY B	3.2 NAME	Richard R. Swann
STREET ADDRESS	108 PARK PLACE BLVD.	3.3 STREET ADDRESS	1031 West Morse Boulevard, Suite 270
CITY-ST-ZIP	KISSIMMEE FL 34741	3.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	VASD	4.1 TITLE	
NAME	EVANS, JAMES E	4.2 NAME	
STREET ADDRESS	ONE E. 4TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	C/D
NAME	MCAULIFFE, TERENCE R	5.2 NAME	McAuliffe, Terence R
STREET ADDRESS	13431 G STREET, N.W. STE 200	5.3 STREET ADDRESS	7527 Old Dominion Drive
CITY-ST-ZIP	WASHINGTON DC 20005	5.4 CITY-ST-ZIP	McLean, VA 22102
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 the attachment with an address.

CR2E034 (10/97)