


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

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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000004453 (2) 1. Corporation Name F.D.H., INC.			
Principal Place of Business 1557 PALM BAY ROAD PALM BAY FL 32905		Mailing Address 1557 PALM BAY ROAD PALM BAY FL 32905-3844	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent CAYIA, EDWARD D 432 NE 3RD AVENUE FORT LAUDERDALE FL 33301			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: _____ (Signature required when reappointing)			
12. OFFICERS AND DIRECTORS 12.1 TITLE <input type="checkbox"/> DELETE NAME D HEALEY, FRANK D STREET ADDRESS 1557 PALM BAY ROAD CITY-STATE-ZIP PALM BAY FL 32905 12.2 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP 12.3 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP 12.4 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP 12.5 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP 12.6 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP 12.7 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP 12.8 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and correct. I am an officer or director of the corporation or the receiver or trustee empowered to file 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: Frank D Healey 4/24/97 7294245 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

3. Date Incorporated or Qualified 01/12/1996	3a. Date of Last Report
4. FEI Number 593354216	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code 85	
I, _____, a duly authorized officer or director of the corporation, hereby accept the appointment as registered agent for the corporation. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.7 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.8 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.11 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.12 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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