FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT C

Sandra B. Mortha Secretary of State

STATE

ONS

Secretary of State
DIVISION OF CORPORA

1997 DOCUMENT # P9600007132 (9)

M & H CONSTRUCTION, INC.

Principal Place of Business Mailing Address
4321 SW 21ST STREET 4321 SW 21ST STREET
HOLLYWOOD FL 33023 HOLLYWOOD FL 33023-3430

FILED Feb 13 1997 8:00am Secretary of State



			110000		••	1						
						1		3. Date Incorporated or Qualified 01/19/1996	ied 3a. Date of Last Report			
2. Principal Pla	ace of Busin	2a. Ma	2a. Mailing Address				4. FEI Number	425	- Ar	oplied For		
21		26	4 ·· · · · · · · · · · · · · · · · · ·				palasan	403	No	ot Applicable		
Suite, Apt. #	#, etc.	Suit	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional		
22		27					Di Continono di Cidido Dodinos		Fee R	equired		
City & State	;	·	City & State				Election Campaign Financing	_		May Be		
23	т		28	·····	T			Trust Fund Contribution	. Ц		to Fees	
Zip	-	Country	Zip		Cou	ntry	'	8. This corporation has liability for in			. 199.032,	
24		25	29	Auant	30		•••••••••••		Yes 🔲			
9. Name and Address of Current Registered Agent HUFF, HUBERT							Name	10. Name and Address of New Registered Agent				
		81 Name										
	SW 21ST					82 Street Address (P.O. Box Number is Not Acceptable)						
uon	LYWOOD F	L 33023			1							
					+	вз						
•						84	City	 	FL	85 Zip	Code	
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	Stgnaturu, lysed	or printed hamo of registered ago	nt and title if appl	icable (NOT	E: Rugistered	i Age	ant signature require	d when reinstating)	DATE			
12.		OFFICERS ANI	DIRECTOR		13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	D	Incor		DELETE	1.1 (1)	TLE			Ļ	Change	Addition	
NAME	HUFF, HL				1.2 NA	ME						
STREET ADDRESS	4321 SW					ADDRESS						
CITY-ST-ZIP	HOLLYW	OD FL 33023			1.4 CI	TY-S	ST - ZIP					
TATLE				DELETE	2.1 111	TLE			Ĺ	Change	Addition	
NAME					2.2 NA	ME	l					
STREET ADDRESS					2.3 SY	REET	ADDRESS				. [
:CITY - ST - ZIP							ST-ZIP					
TITLE				☐ DELETE	3.1 Til	TLE				Change	Addition	
*NAME					3.2 NA	ME						
STREET ADDRESS					3.3 ST	REET	ADDRESS					
CITY-ST-ZIP					3.4. CI	ITY-S	ST-ZIP					
TATLE				DELETE	4.1 TIT	ſĻĒ	1	-	T	Change	Addition	
-NAME					4. 2 N	AME						
STREET ADDRESS					4.3 ST	REET	ADDRESS					
CITY - \$1 - 21P					4.4 CI	TY-5	T-ZIP					
TITLE				DELETE	5.1 TII	TLE			Ţ	Change	Addition	
NAME					52 NA	ME	1					
STREET ADDRESS					5 3 ST	REET	ADDRESS				ŀ	
CITY-ST-ZIP					54 CF	TY-S	ST-ZIP				ļ	
TITLE			•••••	DELETE	6111	TLE			Į	Change	Addition	
.NAME					6.2 NA	AME						
STREET ADDRESS					63 ST	REET	ADDRESS					
C(TY-S1-7)P					64 CI						i	
44 Ldo horob		the information a malia	d with this fill	on doon not avail				in Section 119 07(2)(i) Florida Statuto	- 14	A -41E . 16 - 1	46.2	

4. I do 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 an attachment with an address.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

late

Davtime Phone #