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• PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

98 APR 27 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P96000030852 (3)

1. Corporation Name

F & H ENTERPRISES GROUP, INC.

Principal Place of Business

498 NORTH PIN OAK PLACE, SUITE 110  
LONGWOOD FL 32779

Mailing Address

POST OFFICE BOX 4134  
WINTER PARK FL 32793-4134

2. Principal Place of Business

21 405 Douglas Ave  
Suite, Apt. #, etc.

22 1605

City & State

23 Altamonte Springs FL

Zip

24 32714

Country

25 Seminole

2a. Mailing Address

26 405 Douglas Ave  
Suite, Apt. #, etc.

27 1605

City & State

28 Altamonte Springs FL

Zip

29 32714

Country

30 Seminole

3. Date Incorporated or Qualified

04/09/1996

3a. Date of Last Report

4. FEL Number

593371348

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable

(NOT) Registered Agent's signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME HAYES, BRIAN B  
STREET ADDRESS 498 NORTH PIN OAK PLACE, SUITE 110  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE VSD ☐ DELETE

NAME FISCHER, JEFFREY A  
STREET ADDRESS 498 NORTH PIN OAK PLACE, SUITE 110  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition

1.2 NAME HAYES BRIAN B  
1.3 STREET ADDRESS 405 DOUGLAS AVE SUITE 1605  
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

2.1 TITLE VSD ☒ Change ☐ Addition

2.2 NAME FISCHER JEFFREY A  
2.3 STREET ADDRESS 405 DOUGLAS AVE SUITE 1605  
2.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

3.1 TITLE VSD ☐ Change ☒ Addition

3.2 NAME VICTOR M. MUSTY  
3.3 STREET ADDRESS 405 DOUGLAS AVE, STE 1605  
3.4 CITY-ST-ZIP ALTAMONTE SPRINGS 32714

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 in an attachment with an address.

SIGNATURE

BRIAN B HAYES

Dec. 14 1998 407-8659101

CR2E034 (9/96)