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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Wortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000086373 (3)

MNH REAL ESTATE, INC.

FILED May 01 1997 8:00am Secretary of State



Disastrat Disastration					
Principal Place of Business Mailing Address					BY(W BY(WP YEAR) 148 1411 1421
7829 NW 10TH ST 7929 NW 40TH ST					
PLANIATION F	L 33322	40.			
		P		3. Date Incorporated or Qualified 10/18/1996	3a. Date of Last Report
	lace of Business	2a. Mailing Address	1/ 5-5	4. FEI Number	Applied For
21		26 POO. BOX 16273			Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
00 000		27			Fee Required
City & State	3	City & State Plan tahon	F1. 332	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Plan Farion	Country		Added to Fees
24	25	29 30	·	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 🔲 No
24]	9. Name and Address of Current		<u> </u>	10. Name and Address of New Reg	
NA.I	JARIAN, JOSEPH	a/	81 Name		
	HW 10TH ST	1. BOX/1627	3 00 00 00 00 00 00 00		
	NTATION FL 93822	" NOT IVAL	Street Address (P.O. Box Number is Not Acceptable)		
100	42 N.W. 94 Dlan	staller. DL.	83		
18	TA NOW THE IPECAL	וןויטונישון	<u> </u>		
plantation, PL 22222 33318			84 City		EI 85 Zip Code
11. Pursuani i	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes.	the above-named	corporation submits this statement for the pr	urpose of changing its registered
effice or re	egistered agent, or both, in the State of manifer with, and accept the obligations.	of Florida. Such change was auth	horized by the corp	oration's board of directors. I hereby accep	I the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered ager		ngistered Agent signature		DATE
TITLE	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
	131 - 1		1	10 0 0mm/110	Change LI Addition
NAME OTDEST ADDRESS	7929 NW 10TH ST	12 N.W. 94 AVE.	1.2 NAME	P.V. DOX 162	1.13
STREET ADDRESS		Itahby, FL 33322	1.3 STREET APORES	Plantakon, Pl. :	33318
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY - \$1 - ZIP 2.1 TITLE	from which	Change Addition
NAME	NAJJARIAN, JOSEPH		2.2 NAME	Da Barrellan	A Change () Addition
1	7929 NW-19TH-ST	SOMO	[]	1627	3
STREET ADDRESS	PLANTATION FL 33322	2000	2.3 STREET OURES	Plantakon, FL. 33	3 <i>18</i>
CITY-ST-ZIP TITLE	- AMINION I F OOSE	DELETE	2 4 CITY-ST-ZIP 3 1 TITLE	1	Change Addition
NAME			3 2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			3.4. CHY-SI-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1.
CITY-ST-ZIP			4.4 CITY - ST - ZIP		ې لار
TITLE		DELETE	5.1 TITLE		Change Addrive
NAME			5.2 NAME		C.
STREET ADDRESS			5.3 STREFT ADDRESS		,
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
NAME		onen	6.2 NAME	00000216	5620°
			.	00000216 -05/05/970104	10026
STREET ADDRESS			63 STREET ADDRESS	***165.00	·
CITY-ST-ZIP			64 CITY-ST-ZIP		

I do hereby certify that the information supplied with this filling 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 offect 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 13.4 changed, or on an attachment with an address.