

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

FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000086373 (3)**

1. Corporation Name  
**MNH REAL ESTATE, INC.**

Principal Place of Business

**7020 NW 40TH ST  
PLANTATION FL 33322**

Mailing Address

**P.O. BOX 16273  
PLANTATION FL 33318**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/18/1996**

4. FEI Number **NOT APPLICABLE** *N/A*  
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 **1842 N.W. 94 AVE.**

Suite, Apt. #, etc.

22 City & State  
**PLANTATION, FL**

23 Zip **33322** Country **US.**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**NAJJARIAN, JOSEPH  
1842 N.W. 94 AVE.  
PLANTATION FL 33322**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE **P** NAME **NAJJARIAN, JOSEPH** ☐ DELETE  
STREET ADDRESS **1842 N.W. 94 AVE.**  
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **D** NAME **NAJJARIAN, JOSEPH** ☐ DELETE  
STREET ADDRESS **1842 N.W. 94 AVE.**  
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

13. 1.1 TITLE **P** 1.2 NAME **NAJJARIAN, JOSEPH** ☒ Change ☐ Addition  
1.3 STREET ADDRESS **1842 N.W. 94 AVE.**  
1.4 CITY-ST-ZIP **PLANTATION, FL 33322**

2.1 TITLE 2.2 NAME ☐ Change ☐ Addition  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME ☐ Change ☐ Addition  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME ☐ Change ☐ Addition  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME ☐ Change ☐ Addition  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME ☐ Change ☐ Addition  
6.3 STREET ADDRESS  
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 on an attachment with an address.

SIGNATURE: **JOSEPH NAJJARIAN** 4/6/98 (954) 472-4713

CR2E034 (10/97)