

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

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000093894 (9)**

1. Corporation Name  
**H. H. AND S. INSTALLATIONS, INC.**



Principal Place of Business <b>2225 PARK PL BOCA RATON FL 33486</b>	Mailing Address <b>2225 PARK PL BOCA RATON FL 33486-3119</b>
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3. Date Incorporated or Qualified <b>11/13/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>5555 Davie Road</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>5555 Davie Road</b> Suite, Apt. #, etc.	4. FEI Number <b>65-074-2578</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 <b>Davie FL</b>	27 City & State 28 <b>Davie FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>33314</b>	25 Country <b>Broward</b>	29 Zip <b>33314</b>	30 Country <b>Broward</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**AYERS, EUGENE  
2225 PARK PL  
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name <b>Timothy Wrrch</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5555 Davie Road</b>
83
84 City <b>Davie</b>
85 Zip Code <b>FL 33314</b>

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 *x Timothy Wrrch* **Timothy Wrrch (President)** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AYERS, EUGENE</b>		1.2 NAME	
STREET ADDRESS <b>2225 PARK PL</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL 33486</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AYERS, PAMELA</b>		2.2 NAME	
STREET ADDRESS <b>2225 PARK PL</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL 33486</b>		2.4 CITY-ST-ZIP	
TITLE <b>President, Secretary Director</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Timothy Wrrch</b>		3.2 NAME	
STREET ADDRESS <b>5555 Davie Road</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>Davie FL 33314</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: *x Timothy Wrrch* **Timothy Wrrch (President)** DATE Daytime Phone #

CR2E034 (9/96)