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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000103205 (6)

1. Corporation Name

M.H. PARTNERS GROUP I, INC.



Principal Place of Business

405-F ATLANTIS ROAD
CAPE CANAVERAL FL 32920

Mailing Address

405-F ATLANTIS ROAD
CAPE CANAVERAL FL 32920-4222

3. Date Incorporated or Qualified

12/24/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRAKA, CHRISTOPHER J
405-F ATLANTIS ROAD
CAPE CANAVERAL FL 32920

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME STRAKA, CHRISTOPHER J
STREET ADDRESS 405-F ATLANTIS ROAD
CITY - ST - ZIP CAPE CANAVERAL FL 32920

1.1 TITLE D,PT
1.2 NAME Straka, Christopher J.
1.3 STREET ADDRESS 405-F Atlantis Road
1.4 CITY - ST - ZIP Cape Canaveral, FL 32920 ☒ Change ☐ Addition

TITLE ☐ DELETE
NAME MCPHILLIPS, JACQUELINE
STREET ADDRESS 450 CHALLENGER ROAD
CITY - ST - ZIP CAPE CANAVERAL FL 32920

2.1 TITLE D,V
2.2 NAME McPhillips, Jacqueline
2.3 STREET ADDRESS 450 Challenger Road
2.4 CITY - ST - ZIP Cape Canaveral, FL 32920 ☒ Change ☐ Addition

TITLE ☐ DELETE
NAME HARPER, ROBERT F IV
STREET ADDRESS 2310 LAKELAND HILLS BLVD.
CITY - ST - ZIP LAKELAND FL 33805

3.1 TITLE D,V
3.2 NAME Harper, Robert F, IV
3.3 STREET ADDRESS 2310 Lakeland Hills Blvd.
3.4 CITY - ST - ZIP Lakeland, FL 33805 ☒ Change ☐ Addition

TITLE ☐ DELETE
NAME JENKINS, E. WAYNE
STREET ADDRESS 2310 LAKELAND HILLS BLVD.
CITY - ST - ZIP LAKELAND FL 33805

4.1 TITLE D,V,S
4.2 NAME Jenkins, E. Wayne
4.3 STREET ADDRESS 2310 Lakeland Hills Blvd.
4.4 CITY - ST - ZIP Lakeland, FL 33805 ☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE V
5.2 NAME Rentz, Cynthia L.
5.3 STREET ADDRESS 405-F Atlantis Road
5.4 CITY - ST - ZIP Cape Canaveral, FL 32920 ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.97

407.799.4900

Date

Daytime Phone # 0001250

CR2E034 (9/96)