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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700007848 (9)

P.D.H. PROPERTIES, INC.

## **FILED** Feb 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
4401 N LECANTO HWY					
OCTONLI INCL	.o FE 04400	DEVENUE FACES LE 34400			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					01/21/1997
⊢—a iiaa	ace of Business	2a. Mailing Address	<b></b>	· Hw	4. FEI Number Applied For
	OI LECANTOHO		avi	NW	b 9 3 4 d d d d d Not Applicable
Suite, Apt.	#, 61C.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Regulred \$8.75 Additional
City & Shate		City & State			
23 (5	Beuch HILLS FL 28 Beuch Hill			71	Trust Fund Contribution Added to Fees
	Country CITAUS	Zip	Countr	•	8. This corporation owes or has paid the current year intangible
24 3 44 6	9. Name and Address of Current	29 34465 30	<u> </u>	-RUS	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
014	<del></del>	uadieretan Wheitr	61	Name	IV. Name and Address of New Registered Agent
CHANG, SU O				1444110	
4170 N. ELWYN PT. HERNANDO FL 34442			82	Street A	ddress (P.O. Box Number is Not Acceptable)
ner 	WANDO FL 39442		83		
			84	City	85 Zip Code
44 Divisions to	the manisime of Captions CO7 0502	and CO7 1500. Florida Platutas II		in named a	FL 3 20 000
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 agant and little if applicable. (NOTE: Registered Agent signature required when relinstating)  DATE					
12.	OFFICERS AND		13.	rom organization to	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	——————————————————————————————————————	1.1 TITLE		☐ Change ☐ Addition
NAME	CHANG, SU O		1.2 NAME	!	
STREET ADDRESS	4170 N. WYN PT		1.3 STREE	T ADDRESS	}
CITY-ST-ZIP	HERNANDO FL 34442		1.4 CITY - 3	ST-ZIP	)3
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition C
NAME	<b>DZI</b> AK, HELEN		2.2 NAME		
STREET ADDRESS	3192 HYSSOPS PT N.		2.3 STAEE	T ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	l	2, 4 CITY -	ST-ZIP	
TITLE	0	DELETE	3.1 TITLE		Change Addition
NAME	CHANG, DOREEN		3.2 NAME	1	
STREET ADDRESS	4170 N. ELWYN PT		3.3 STREE	T ADDRESS	
CITY-ST-ZIP	HERNANDO FL 34442		3.4. CITY-	ST-ZIP	
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		Ĭ	4. 2 NAME	1	}
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP	
TITLE		DELETE	5.1 TITLE	-	Change Addition
NAME			5.2 NAME		
STREET ADDRESS		Ì	5.3 STREET	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP	
TITLE		☐ DELETÉ	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	T ADDRESS	i
CITY - ST - ZIP			6.4 CITY - (		
14. Thereby o	ertify that the information supplied with	this filing does not qualify for the	exemp	otion 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.