


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

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90006 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000059081					
1. Corporation Name F.H. INTERNATIONAL SERVICES, INC.					
Principal Place of Business 11150 4TH STREET NORTH #3707 ST. PETERSBURG FL 33716			Mailing Address 11150 4TH STREET NORTH #3707 ST. PETERSBURG FL 33716		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/07/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3460620	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
Country		Country		30	
25		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation owes the current year intangible Personal Property Tax.	
25		29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
FERNANDEZ, JUAN R 11150 4TH STREET NORTH #3707 ST. PETERSBURG FL 33716			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					
1.1 TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.2 TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.3 TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.4 TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.5 TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.6 TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.7 TITLE					
NAME					
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1.8 TITLE					
NAME					
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1.10 TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.11 TITLE					
NAME					
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CITY-ST-ZIP					
1.12 TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.13 TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.14 TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.15 TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.16 TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.17 TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.18 TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.19 TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.20 TITLE					
NAME					
STREET ADDRESS					
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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 576-8544

CR2E034 (11/98)