## 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

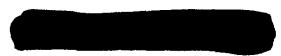
DOCUMENT # P97000060522 (4)

-MH-HOLDING-CORPORATION

MH MANAGEMENT SERVICES, INC.

2-11-98

FILED
Apr 17 1998 8:00am
Secretary of State



Principal Plac	e of Business	Mailing Address			
5795 JOHN G	IVENS ROAD	5796-JOHN GIVENS ROAD			
CRESTVIEW F	L 33630	CRESTVIEW FL-02606		SO NOT INDITE IN THIS	AD4.05
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 07/09/1997	
9 Principal D	lace of Business	2a. Mailing Address		4. FEI Number	A multiple of Con-
· ·	IZOE OF DUSINESS		Rv L	19-3491670	Applied For
Suite, Apt.	# elc	Suite, Apt. #, etc.	KIV C		Not Applicable \$8.75 Additional
22	ni ara	27 * 57		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23			GL.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
3 كسة فر 24	9 25 USA	29 32578	SO USA		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
FLE	ET, H. BART		81 Name		
a 120	)1 EGLIN PARKWAY		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
SHA	ALIMAR FL 32579		Oli Oci rada	(C.O. DOX Hambor is Hot / Gooplade)	
			63		
			84 City		85 Zip Code
			City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose of	changing its registered
office or r	<b>egis</b> tered agent, or both, in the State o <b>m fam</b> iliar with, and accept the obligat	it Florida. Such chang <b>e w</b> as at ions of, Section 607.0 <b>505</b> , Flor	ithorized by the corporal ida Statutes	ition's board of directors. I hereby accept the app	confirment as registered
SIGNATURE	, ,				
	Signature, typed or printed name of registered agent		Registered Agent signature requi		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	MOLITORIS, MICHAEL JR		1.2 NAME		•
STREET ADDRESS	900 BAY DRIVE #57		1.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL 32578		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	21 THLE		Change Addition
NAME	HASSETT, THOMAS J		2 2 NAME		
STREET ADDRESS	101 OLD FERRY ROAD #15D		2 3 STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR FL 32579		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		45
STREET ADDRESS			5.3 STREET ADDRESS		77 .7
CITY - ST - ZIP			5.4 CITY-ST-ZIP		4/11/
TITLE		DELETE	6.1 TITLE	والمستو والداء والمستور والدار والمستور والمتال والمتال والمتال والمتال	Change Addition
NAME			6.2 NAME	0000024920 -04/17/98010460	5U 10
STREET ADDRESS			63 STREFT ADDRESS	-04/17/98010460	In
CITY-ST-7IP			6.4 CITY_ST_7ID	***150.00	

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 suppliemental 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 all it is made and 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 all it is not a supplied with this filing does not qualify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certificate in Section 119.07(3)(iii), Florida Statutes. I further certificate in Section 119.07(3)(iii), Florida Statutes. I further certificate in Section 119.07(3)(iii), Florida Statutes. I further certif

SIGNATURE

THOMAS J HARSET

4-9-98

ECA-689-4377

RE034 (10/97)