

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90245 021 ***150.00

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1. Entity Name
FPH/RHI MERGER CORP., INC.



Principal Place of Business

501 E. CAMINO REAL
CORPORATE OFFICE
BOCA RATON, FL 33432 US

Mailing Address

PO BOX 5025
CORPORATE OFFICE
BOCA RATON, FL 33431 US

94061780



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0911243

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERICAN INFORMATION SERVICES INC.
ONE S.E. THIRD AVE., 28TH FLOOR
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME ROCHON, RICHARD C
STREET ADDRESS 450 E. LAS OLAS BLVD., #1500
CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME MOOR, WAYNE
STREET ADDRESS 501 E CAMINO REAL
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE V ☒ Change ☐ Addition
NAME MOOR, WAYNE
STREET ADDRESS 501 E CAMINO REAL
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE TVP ☐ Delete
NAME FINOCCHIARO, MARY JO
STREET ADDRESS 501 E CAMINO REAL
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE T/V ☒ Change ☐ Addition
NAME FINOCCHIARO, MARY JO
STREET ADDRESS 501 E CAMINO REAL
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE SVP ☐ Delete
NAME HANDLEY, RICHARD L
STREET ADDRESS 450 E. LAS OLAS BLVD., #1500
CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE S/V/D ☒ Change ☐ Addition
NAME HANDLEY, RICHARD L
STREET ADDRESS 450 E LAS OLAS BLVD., #1500
CITY-ST-ZIP FT. LAUDERDALE 33301

TITLE P ☐ Delete
NAME FEDER, DAVID E
STREET ADDRESS 501 E CAMINO REAL
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE P ☒ Change ☐ Addition
NAME FEDER, DAVID S
STREET ADDRESS 501 E CAMINO REAL
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME STIRK, ROBERT
STREET ADDRESS 501 E CAMINO REAL
CITY-ST-ZIP BOCA RATON, FL 33432

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Jo Finocchiaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary Jo Finocchiaro

4/16/04

561-447-5302