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 # P97000073354 (7)

NHM HOLDINGS, INC.

FILED May 07 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address			***************************************	
317 -71\$T ST		317 -71ST STREET				
MIAMI FL 331	141	MIAMI FL 33141		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	NO OF AGE	
				08/22/1997		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 2016	North Center St	26 2016 NORT	th CENTER S	t. 65-0785716	Not Applicable	
Suite, Apt.	#, etc	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		C. Communication States Secured	Fee Required	
City & Stat	! / m	City & State 28 Hickory	NC	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Žip	Country,	Zip	Country	8. This corporation owes or has paid the	current year Intangible	
24 2860		29 28601	30 CATAWBA	Personal Property Tax due June 30.	☐ Yes 🔀 No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent	
)trkowski, joel s		81 Name			
	7 -71ST STREET		82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
ML	VMI FL 33141		<u> </u>			
			63			
			84 City		85 Zip Code	
					L S ZP COGS	
office or r	egistered agent, or both, in the State	of Florida, Such change was	tes, the above-harned b authorized by the corpo	orporation submits this statement for the purpos ration's board of directors. I hereby accept the a	e of changing its registered appointment as registered	
agent La	im familiar with, and accept the obliga	ilions of, Section 607.0505, Fi	orida Statutes.		•	
SIGNATURE	Signature, typed or printed name of registered ages	al and title dispriscable (NO	TE Registered Agent signature re	guired when reinstatino) DAT	F	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	Ď	DELETE	1.1 TIFLE	D	☐ Change ☐ Addition	
NAME	MAWANI, MOEZ		1.2 NAME	MAWANI MOEZ		
STREET ADDRESS	317 -71ST STREET		1.3 STREET ADDRESS	2016 NORTH CENTER ST		
CITY-ST-ZIP	MIAMI FL 33141		1.4 CITY-ST-ZIP	MAWANI MOEZ 2016 North Center St HICKORY N.C. 28601		
TITLE		☐ DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME	·		
STREET ADDRESS	•		2.3 STREET ADDRESS			
CfTY - ST - ZIP			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			

14. Thereby 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

4-28-98 828 324 7128

Addition