

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000075847 (8)
 1. Corporation Name
D.H.V., INC.



Principal Place of Business 50 COCOANUT ROW, STE. 115 PALM BEACH FL 33480	Mailing Address 50 COCOANUT ROW, STE. 115 PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business 1925 South Flagler Suite, Apt. #, etc.	2a Mailing Address 119 East Ocean Avenue Suite, Apt. #, etc.
22 City & State West Palm Beach, FL	27 City & State Lantana, FL
24 Zip 33401	29 Zip 33462
25 Country USA	30 Country USA

3. Date Incorporated or Qualified
09/02/1997

4. FEI Number
Applied for Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
MARSHMAN, HOMER H JR.
50 COCOANUT ROW, STE. 115
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name
CATHYRINE M. HILGENDORF

82 Street Address (P.O. Box Number is Not Acceptable)
119 East Ocean Avenue

83

84 City
Lantana

85 Zip Code
FL 33462

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: *C. Hilgendorf* (NEEL Registered Agent signature required when reinstating) DATE: **4/16/98**

12. OFFICERS AND DIRECTORS		DELETE
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	ELIZA JOUVE		
1.3 STREET ADDRESS	1925 South Flagler Drive		
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401		
2.1 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	CATHYRINE M. HILGENDORF		
2.3 STREET ADDRESS	119 East Ocean Avenue		
2.4 CITY-ST-ZIP	Lantana, FL 33462		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 in an attachment with an address.

[Signature] **4/16/98**

CR2E034 (10/97)