

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. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 1925 South Flagler  
Suite, Apt. #, etc.

22 City & State  
23 West Palm Beach, FL

24 Zip 33401 Country USA

2a. Mailing Address  
26 119 East Ocean Avenue  
Suite, Apt. #, etc.

27 City & State  
28 Lantana, FL

29 Zip 33462 Country USA

3. Date Incorporated or Qualified

09/02/1997

4. FET 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 FL 85 Zip Code 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

Signature, type or print full name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/98

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
[ ] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
[ ] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
[ ] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
[ ] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
[ ] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ELIZA JOUVE [ ] Change [X] Addition  
1.2 NAME  
1.3 STREET ADDRESS 1925 South Flagler Drive  
1.4 CITY-ST-ZIP West Palm Beach, FL 33401

2.1 TITLE VP CATHYRINE M. HILGENDORF [ ] Change [X] Addition  
2.2 NAME  
2.3 STREET ADDRESS 119 East Ocean Avenue  
2.4 CITY-ST-ZIP Lantana, FL 33462

3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE [ ] Change [ ] Addition  
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.

CR2E034 (10/97)