1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90077 023 \*\*\*150.00

DOCUMENT # P98000031774 1. Corporation Name F AND H SERVICES, INC. Mailing Address Principal Place of Business 11233 W. ATLANTIC BLVD 11233 W. ATLANTIC BLVD APT. 204 APT. 204 DO NOT WRITE IN THIS SPACE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 3. Date Incorporated or Qualifed 04/06/1998 2a. Mailing Address Applied For Principal Place of Business 4, FEI Number 65-08 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00-May Bo-City & State 6\_ Election Campaign Financing. City & State Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip ₽N<sub>0</sub> ☐ Yes 30 Personal Property Tax. 25 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 FAIR. KENNETH 82 Street Address (P.O. Box Number is Not Acceptable) 11233 W. ATLANTIC BLVD APT. 204 83 CORAL SPRINGS FL 33071 85 Zip Code 84 City 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. agent. I am familiar with SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. □ DELETE 1,1 TITLE TITLE 1.2 NAME NAME FAIR, STEVEN KENENTH 11233 W. ATLANTIC BLVD., APT 204 1.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE TITLE 2.1 TITLE 2.2 NAME NAME N.W. 87 th AVE. ++ 107 2.3 STREET ADDRESS STREET ADDRESS SPCINGS FL. 33071 CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 man attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

CR2E034 (11/98