## **FILED** FILE NOW: FILING FEE AFTER MAY 1 18 \$550.00 **PROFIT** ZApr 22 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 \$61.25 DOCUMENT #849961 S&H USA, INC. Principal Place of Business Mailing Address 313 East Osceola St. Stuart, FL 34994 same 3. Date Incorporated or Qualified 3a. Date of Last Report 5/06/91 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 06-1319898 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 2:0 Country Zip. 8. This corporation has liability for intangible tax under s. 199.032. Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Filings, INC 3732 NW 16th St. 82 Street Address (P.O. Box Number is Not Acceptable) Ft. Lauderdale, FL В3 33311 84 City Zip Code 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. S:GNATURE and a respect to the production are of registered agent and title if applicable Registered Agent signature required when reinstaling) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 3 13. (96/6) XXDELETE Change 1 1 TITLE Addition 1:11.6 President/Director President/Sec'v 1.2 NAME NAME Sandra Hanzel Gerald Hanzel STREET ADDRESS 1.3 STREET ADDRESS 2001 SE Sailfish PT. Blvd #118 1.4 CITY-ST-ZIP COY ST-761 **K-K**OELETE 11111 2.1 TITLE Exec.VP/Treasurer NAME 2.2 NAME Fred Simon Marilyn Simon 2.3 STREET ADDRESS STREET ALCIPIESS 6819 SE South Marina Way 2 4 CITY-ST-ZIP Stuart. FL 34996\_ DELETE Change Addition 3.1 TITLE 11115 NAME 3.2 NAME SPREEL ADDIES NO 3.3 STREET ADDRESS City S 76 3 4. CITY - ST- ZIP DELETE Addition 41 TITLE Change DIG NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY SI ZE 4.4 CITY-ST-ZIP DELETE Change Addition 101.1 51 TITLE NAV: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS Cili 5 5.4 CiTY-ST-ZIP DELETE THUE 61 TITLE 600002152705°°° -04/24/97--01001--009 Addition NAME 6.2 NAME SURELADDRESS 6.3 STREET ADDRESS 6.4 CHY-ST-ZIP domination supplied with this fing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the san higher point or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that if the out point in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is provided in the control of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is provided in the control of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. 14. I do hereby cort

an attachment with an address.

ED OF RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

620-1200