

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S59481** (9)

1. Corporation Name

MHS/PARTNERSHIP/HOLDINGS PPA/ INC.

GH PARTNERSHIP HOLDINGS PPA, INC.

Principal Place of Business

Mailing Address

3627 UNIVERSITY BLVD. SOUTH
SUITE 840
JACKSONVILLE FL 32216

3627 UNIVERSITY BLVD. SOUTH
SUITE 840
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/12/1991

3a. Date of Last Report

04/28/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3075439

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARD, DOUGLAS A
1300 GULF LIFE DR.
ROGERS, TOWERS, BAILEY, JONES & GAY
JACKSONVILLE FL 32207

81 Name

Geiger, Allan T.

82 Street Address (P.O. Box Number is Not Acceptable)

1301 Riverplace Blvd., Suite 1500

83 Rogers, Towers, Bailey, Jones & Gay

84 City

Jacksonville

85 FL

86 Zip Code

32207

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]

NOTE: Registered Agent signature required when registering.

DATE: 3/29/95

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	BROWN, J. BROOKS
STREET ADDRESS	3627 UNIVERSITY BLVD. S.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DP
NAME	CARROLL, DAVID W.
STREET ADDRESS	3627 UNIVERSITY BLVD. S.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DST
NAME	BAER, DOUGLAS M.
STREET ADDRESS	3627 UNIVERSITY BLVD. SO
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	DSTV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	40000014570534
43 STREET ADDRESS	-04/27/95--0107--019
44 CITY-ST-ZIP	***200.00 ***200.00
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee of the corporation, 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, changes or corrections permitted with an address.

SIGNATURE: *[Signature]*
DATE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

DATE: 4/5/95
CLERK: 904-391-1205