

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

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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S64764**

(1)

1. Corporation Name

P & H GROUP, INC.



Principal Place of Business

**ONE TAMPA CITY CENTER
SUITE 2100
TAMPA FL 33602**

Mailing Address

**ONE TAMPA CITY CENTER
SUITE 2100
TAMPA FL 33602-5164**

3. Date Incorporated or Qualified 07/09/1991	3a. Date of Last Report 04/22/1996
4. FEI Number 59-3084133	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. TAMPA, 13156 N. DALE MARY	26. 13156 N. DALE MARY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. TAMPA, FL	27. TAMPA, FL
City & State	City & State
23. TAMPA, FL	28. TAMPA, FL
Zip	Zip
24. 33618	29. 33618
Country	Country
25. 	30.

9. Name and Address of Current Registered Agent

**MITCHELL, STEPHEN J. ESQUIRE
ONE TAMPA CITY CENTER
SUITE 2100
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81. Name BOB GLASER
82. Street Address (P.O. Box Number is Not Acceptable) 3801 DAY TO DAY BLVD
83.
84. City TAMPA
85. Zip Code 33629

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

ROBERT GLASER

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-25-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSTV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DUYN, PETER	1.2 NAME	
STREET ADDRESS	LMUIDERSLAG 97	1.3 STREET ADDRESS	
CITY-ST-ZIP	1974 VW LMUIDEN NE	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROENEWEG, JOHANNES	2.2 NAME	
STREET ADDRESS	LMUIDERSLAG 97	2.3 STREET ADDRESS	
CITY-ST-ZIP	1974 VW LMUIDEN NE	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE:

PETER VAN DUYN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-97

DATE

011.31.23.5382477

DAYTIME PHONE #

0353331

CR2E034 (9/96)