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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$95877

(4)

M. H. SOFT, INC.

FILED
Apr 24 1998 8:00am
Secretary of State

Principal Place	o of Business	Mailing Address			
-7217-WILLWO -ORLANDO FL	verompero listic	7217 WILLWOOD ST ORLANDO FL 32818 1634 B. RRROU	o tem Otem	D TRA	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
	ONT, PL 34711	CLERMONT,	FG 94	E 4 5/	11/21/1991
	BARROWHEAO TRAIL	2a. Mailing Address	owhe	AD TR	4. FEI Number Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	EMOLST, FL	City & Stale	, FL	•	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24 3471	Country	Zip	Country		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				10. Name and Address of New Registered Agent
LO	VETT, W THOMAS		81	Name	
	E ROBINSON STR		82	Street Ac	Address (P.O. Box Number is Not Acceptable)
	E 50 0			0	
OR	LANDO FL 32801		83		
			84	City	FL 85 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.					
1	in tansilal with and accept the obligati	ons or, section contracts, mon	iva siaiulei	5 .	
SIGNATURE	Signature, typed or printed name of registered agent	and tale it applicable (NOTE:	Registered Age	ent signature re	required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	1.	Change Addition
NAME	HUNT, MARVIN R		1.2 NAME		HUNT, MARVIN R.
STREET ADDRESS	7217 WILLWOOD ST		1.3 STREET	ADDRESS	ICODE MICIONOMIA
CITY-ST-ZIP	ORLANDO FL ST	Division	14 CITY - S		
TITLE	HUNT, HILDA J	☐ DELÉTE	21 TITLE	í í	ST Change Addition
NAME ATOMET ADDRESS	7217 WILLWOOD ST		2.2 NAME		16348 ARROWHEAD TRAIL
STREET ADDRESS	ORLANDO FL		2.3 STREET	ADDRESS	CLERMONT, FL 3471/
CITY-ST-ZIP TITLE		DELÉTE	2. 4 CITY - 9 3.1 TITLE	SI-ZIP	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY - 9		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	!
CITY-ST-ZIP			4.4 CITY-S	1 - Z(P	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	J	
STREET ADDRESS			5.3 STREET	ADDRESS	· ·
CITY-ST-ZIP		Driete	5.4 CITY - S	T-ZIP	T Diagram
TITLE		LJ DELETE	6.1 TITLE		Change Li Addition
NAME CORET ADOLCCO			6.2 NAME	1DODECO	
STREET ADORESS	₹		6.3 STREET		
14. I hereby c	certify that the information supplied with	this filing does not qualify for	6.4 CITY-S the exemp		d 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 trusted 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.					