SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** S97422 A.H., P.H.-4, INC. Mailing Address Principal Place of Business 5225 COLLINS AVE 5225 COLLINS AVE PH 4 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 3a. Date of Last Report 3. Date Incorporated or Qualified US US 12/02/1991 05/11/1995 4. FEI Number Applied For 2a. Mailing Address Principal Place of Business 65-0309101 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #. etc. Suite Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State City & State 6. Flection Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intarigible tax under s. 199.032 Country Zφ Country Zip Florida Statutes Yus 🔲 No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MCKIBBIN DAVID A Street Address (P.O. Box Number is Not Acceptable) 82 5225 COLLINS AVE MIAMI BEACH FL 33140 83 Zip Code 85 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. (NEDTE: Hugistered Agond segnature required when reinstating) SIGNATURE Stgnatine typica or ponteo name of registered agent and title if applicable (96/E)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Addition DELETE 1 1 TITLE TITLE CR2E034 1.2 NAME MCKIBBIN DAVID A NAME 1.3 STREET ADDRESS STREET ADDRESS 5225 COLLINS AVE MIAMI BEACH FL 1.4 CITY - ST - ZiP CITY - ST - ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY ST-7IP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CiTY-ST-ZIP City - S1 - ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.C-TY - ST - ZIP CITY-ST-ZiP Change Addition DELETE 5.1 FIFLE TITLE 5.2 NAME 5.3 S'REL LADDRESS STREET ADDRESS 5.4 CHY - ST - ZIF CITY - ST - ZIP Change Addition CELETÉ 6.1 TiTLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST 2IP 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 director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address. 7-9-96 (305)8(56520

ICER OR DIRECTOR

SIGNATURE: