

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1996  
AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT

1995



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

**FILED**

36 JUN 26 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **06643**

1. Corporation Name

**M-O-H Enterprises FL, Inc.**

Principal Place of Business

Mailing Address

**1323 SE 17th Street, Suite 556  
Ft. Lauderdale, FL 33316**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/15/92**

3a. Date of Last Report

**08/95**

4. FEI Number

**65-0481981**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution:

**\$5.00 May Be  
Added to Fees**

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

Florida Statutes

Yes

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite Apt. #, etc.

Suite Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Mark O. Hildonen  
1323 SE 17th Street, Suite 556  
Ft. Lauderdale, FL 33316**

81 Name

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

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.

SIGNATURE

Signature Type (Type "P" for President, "D" for Director, "S" for Secretary, "A" for Agent)

Name of Registered Agent (Print Name and Title)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>
NAME	<b>Mark O. Hildonen</b>
STREET ADDRESS	<b>1323 SE 17th St., Ste. 556</b>
CITY - ST - ZIP	<b>Ft. Lauderdale, FL 33316</b>
TITLE	<b>D</b>
NAME	<b>Mark O. Hildonen</b>
STREET ADDRESS	<b>1323 SE 17th St., Ste. 556</b>
CITY - ST - ZIP	<b>Ft. Lauderdale, FL 33316</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>200001876972</b>
2.3 STREET ADDRESS	<b>-06/26/96--01109--016</b>
2.4 CITY - ST - ZIP	<b>*****8.75 *****8.75</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>200001876972</b>
4.3 STREET ADDRESS	<b>-06/26/96--01109--016</b>
4.4 CITY - ST - ZIP	<b>****225.00 ****225.00</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mark O. Hildonen, President**

**6/24/96 860-928-1200**

CR2E034 (3/95)