FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # V17729 (7)

1. Corporation Name
H. & H. ENTERPRISES OF CAPE CORAL, INC.

Principal Place of Business
~~5144 SUNNYBROOK COURT~~
CAPE CORAL FL 33904

Mailing Address
~~5144 SUNNYBROOK COURT~~
CAPE CORAL FL 33904

2. Principal Place of Business
1 5618 DELIDO CT
Suite, Apt. #, etc.
2
City & State
3 CAPE CORAL, FL
Zip
4 33904
Country
25

2a. Mailing Address
26 5618 DELIDO CT
Suite, Apt. #, etc.
27
City & State
28 CAPE CORAL, FL
Zip
29 33904
Country
30

3. Date Incorporated or Qualified 02/28/1992

3a. Date of Last Report 04/07/1995

4. FEI Number 65-0318466 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

9. Name and Address of Current Registered Agent
HORN, EDWARD L.
~~5144 SUNNYBROOK COURT~~
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5618 DELIDO CT
83
84 City CAPE CORAL FL 85 Zip Code 33904

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resignation) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HORN, EDWARD L. ☐ DELETE
STREET ADDRESS	~~5144 SUNNYBROOK COURT~~
CITY-ST-ZIP	CAPE CORAL FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	5618 DELIDO CT
1.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	200001 75377 ☐ Change ☐ Addition
4.2 NAME	-03/22/96- 01013--015
4.3 STREET ADDRESS	***200.00
4.4 CITY-ST-ZIP	
5.1 TITLE	M.M. ☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	3-21-96
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 on an attachment with an address.

SIGNATURE: X [signature] X 3/14/96 941/540-0352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR