FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V26529 (0)

1. Corporation Name
MH DUVAL, INC.

Principal Place of Business
112 SOUTH LAKE AVENUE
ORLANDO FL 32801

Mailing Address
1101 N LAKE DESTINY RD
STE 475
MAITLAND FL 32751
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1992
3a. Date of Last Report: 02/11/1994

4. FEI Number: 59-3119216 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

BLACK, RONALD W.
112 SOUTH LAKE AVENUE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: MITRI M. HIRESH
82 Street Address (P.O. Box Number is Not Acceptable): STE 475, 1101 N. LAKE DESTINY RD.
83
84 City: MAITLAND FL 85 Zip Code: 32751

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 MITRI M. HIRESH [signature] 4/28/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HIRESH, MITRI M.
STREET ADDRESS	1101 NW LAKE DESTINY RD, STE 475
CITY-ST-ZIP	MAITLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	1101 N. LK. DESTINY RD, SUITE 475	
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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)(i), Florida Statutes. I further certify that the information indicated on the 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: [signature] MITRI M. HIRESH 4/28/95 (407) 660-3313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042216 CP