

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Mathison  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G25050** (7)  
1. Corporation Name  
**E & H PRODUCTS, INC.**



Principal Place of Business: **222 EDEN RD POB 4146 STAMFORD CT 06907-1146**  
Mailing Address: **222 EDEN RD POB 4146 STAMFORD CT 06907-1146**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **02/22/1983**  
3a. Date of Last Report: **04/18/1995**  
4. FEI Number: **06-1076331**  
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  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **EFFENBERGER, JOSEPH R. 1275 OCEAN SHORE BLVD ORMOND BEACH FL 32074**  
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 607.0607 and 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------|---|---|
| TITLE                      | DVS                  | 1. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | EFFENBERGER, JOSEPH  | 2. NAME   |   |
| STREET ADDRESS             | 1275 OCEAN           | 3. STREET ADDRESS                                     |   |
| CITY-STATE-ZIP             | ORMOND BCH, FL 00000 | 4. CITY-STATE-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | DPT                  | 5. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HALLER, MATTHEW      | 6. NAME   |   |
| STREET ADDRESS             | 222 EDEN RD          | 7. STREET ADDRESS                                     |   |
| CITY-STATE-ZIP             | STAMFORD CT          | 8. CITY-STATE-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | D                    | 9. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BRYDON, THOMAS E.    | 10. NAME  |   |
| STREET ADDRESS             | 674 INVERNESS CT     | 11. STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | NEW SMYRNA BCH FL    | 12. CITY-STATE-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                      | 13. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 14. NAME  |   |
| STREET ADDRESS             |                      | 15. STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |                      | 16. CITY-STATE-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                      | 17. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 18. NAME  |   |
| STREET ADDRESS             |                      | 19. STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |                      | 20. CITY-STATE-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state 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 or person in power 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 alternate with an address.

SIGNATURE: *Matthew V Haller* President 3/13/96 703-319-9462  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Matthew V Haller  
Director-Printer

CR2E034 (12/95)