**FILED** 

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90057 049 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000063292

1. Corporation Name

JHL COMPUTER CONSULTANTS. INC.

VIIE 0011											
Principal Place	of Business	Mailing Address							,		
13790 N.W. 4TH ST		13790 N.W. 4TH ST			}						
STE 110		STE 110 CHARRICE EL 22226				DO NOT WRITE IN THIS SPACE					
SUNRISE FL 33325 US		SUNRISE FL 33326 US			3	3. Date Incorporated or Qualifed					
00		•			"	09/10/19					}
2 Principal Pl	ace of Business	2a. Mailing Address			4.	4. FEI Number Applied For					
21		26				·					lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_   _	5. Certificate of Status Desired See Required					
22		27			5.	. Certificate (	or Status De	sired	<u> </u>	Fee R	Required _
City & State	•	City & State			6.	6. Election Campaign Financing \$5.00 May Be					
23		28				Trust Fund	Contribution	n 🗀	· 	Added	to Fees
Zip	Country	Zip	Country		8.			the current y	ear Inte		
24	25	29 3	o				Property Tax			Yes	No
	9. Name and Address of Current	Registered Agent			10	. Name and	Address o	of New Regis	stered /	<u> Agent</u>	
1 4147	DENOT ITANIETTE LI		81	Name							]
LAWRENCE, JEANETTE H			82	2 Street Address (P.O. Box Number is Not Acceptable)							
	BIRCHWOOD WAY						_				
FI. (	AUDERDALE FL 33326		83								
•			84	City				=	FL	85 Zip	Code
office or re agent. I as SIGNATURE	to the provisions of Sections 607.0502 agistered agent, or both, in the State of in familiar with, and accept the obligate Signature, typed or printed name of registered agent	of Florida. Such change was autions of, Section 607.0505, Florid	norized by	tne corpo	oration's D	ooaira or alred	ctors. I here	by accept the	e appoin	itment as r	egistered
12.	OFFICERS AN		13.			ADDITIONS	CHANGES	TO OFFICE	RS AN	D DIRECT	ORS IN 12
TITLE	PVP	☐ DELETE	1.1 TITLE		PRE	5310£	MT,	TREI	UZP	尼斯斯	Addition
NAME	LAWRENCE, JEANETTE H		1.2 NAME			AHE					ļ
STREET ADDRESS	501 BIRCHWOOD WAY		1.3 STREE	ADDRESS	ا ک	HHE	773	100			ĺ
CITY-ST-ZIP	FT. LAUDERDALE FL 33326		1.4 CITY-S	r-ZIP							
TITLE	TS	☐ DELETE	21 TITLE		VIC	EPR	ESID	ENT,	3	Change	Addition
NAME	SALAZAR, RAUL A		2.2 NAME					•			
STREET ADDRESS	501 BIRCHWOOD WAY		2.3 STREE	ADDRESS	31	AME	A:	sla			}
CITY-ST-ZIP	FT. LAUDERDALE FL 33326		2. 4 CITY-S	T- ZIP	-			<u> </u>			
TITLE	77. 6.002.10	☐ DELETE	3.1 TITLE							Change	Addition
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREE	ADDRESS							
CITY-ST-ZIP			3.4. CITY-5	T- ZIP	}						
TITLE		☐ DELETE	4.1 TITLE							☐ Change	Addition
NAME			4. 2 NAME								İ
STREET ADDRESS			4.3 STREE	ADDRESS							
CITY-ST-ZIP			4.4 CITY-S	T-ZIP							j
TITLE		☐ DELETE	5.1 TITLE							Change	Addition
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREE	ADDRESS							
CITY-ST-ZIP			5.4 CITY-S	T-ZIP							
TITLE		☐ DELETE	6.1 TITLE		1					☐ Change	Addition
NAME	1		6.2 NAME		}						
077557 4707500			6.3 STREE	ADDRESS	1						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP