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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 272887

1. Corporation Name

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90015 048 ***150.00

HJR, INC).									
Principal Place	of Business	Mailing Address			-	_{ 		DAT BEIDEN I		IN GIBIN NGBI
120 LEUCADEN		120 LEUCADENDRA DR								
CORAL GABLES FL 33156 CORAL GABLES FL 33156						DO NOT WRITE IN THIS SPACE				
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						3. Date Incorporated or Qualifed 08/19/1963				
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For		
21		26				59-1318669			Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.: Certificate of Status Desired				Iditional
22		27				V. Sermente di Sianta Boomes		Fe	e Req	uired
City & Stat	e	City & State				6. Election Campaign Financing		•		May Be 📑
23		28				Trust Fund Contribution			ded to	Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current ye		ngible EXYes	,	ا هر∟
24	25		30	r		Personal Property Tax. 10. Name and Address of New Regis			L	
	9. Name and Address of Current	Registered Agent		81 N	 lame	10. Name and Address of New Regis	tered A	yent		_
KUR	it, donald e.			" "						
	S.E. 2ND AVENUE, SUITE #300					ess (P.O. Box Number is Not Acceptable)		•		Ì
	AL GABLES, FL			83						
	MI FL 33130									
******				84 (City		FL	85	Zip C	ode
agent. I a	m familiar with, and accept the obligation	ions of, Section 607.0505, Flori	ida Stati	utes.		n's board of directors. I hereby accept the	ATE			
12.	OFFICERS ANI		13.	a rigidire dil	Jilata i a i a i a i a i	ADDITIONS/CHANGES TO OFFICE		ח חופב	CTOF	RS IN 12
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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 of 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 for one anatoment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR