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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 418053

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J.H.C.Y. CORP.

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May 13 1997 8:00am
Secretary of State

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Control Discourse Control	6.4 alb					3
rincipal Place of Business	Mailing Address					: - : - : - : - : - : - : - :
SOKOLOWSKI 15 PALM AIRE DRIVE NORPA	%SOKOLOWSKI 3115 PALM AIRE DRIVE	MORTH	•			
OMPANO BEACH FL 33069-0803	POMPANO BEACH FL 3					
				3. Date Incorporated or Qualified		
				02/02/1973	04/30/19	96
Principa: Place of Business	2a, Mailing Address			4. FEI Number		Applied For
	26			59-1440021		Not Applicat
Suite, Apt. # etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1	75 Additional
	27			C. Commodition of Charles Deprined	Fe	ee Required
City & State	City & State			6. Election Campaign Financing		.00 May Be
	28			Trust Fund Contribution		ided to Fees
Zip Country	Ζιρ	Cour	ntry	8. This corporation has liability fo	r intangible tax un	der s. 199.032,
33069.3803 25	29 f Current Registered Agent	30		Florida Statutes 10. Name and Address of New R	Yes No	
	Current Registered Agent		81 Name	10. Name and Address of New N	egisteren Agent	
SOKOLOWSKI, T M		-	14ame			
3115 PALM AIRE DRIVE NOR			82 Street Add	lress (P.O. Box Number is Not Accepta	able)	
POMPANO BEACH FL 33069		-				
			83			
			84 City	·	85	Zip Code
Pursuant to the provisions of Sections office or registered agent, or both, in the agent. I am familiar with, and accept the						
SNATURE Signaria: New Management of reg			l Agent signature requ	ired when reinstaling)	DATE	
OFFICI	ERS AND DIRECTORS					
		13.		ADDITIONS/CHANGES TO OFF		
ι -	DELETE	13. 1.1 III	LE	ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	
SOKOLOWSKI, T M	☐ DELETE	1.1 TIT 1.2 NA	IME .	ADDITIONS/CHANGES TO OFF		
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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 or transcription or the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules, and that my name appears in Block 12 or Block 13 if chapted or on an attachment with an address.

SIGNATURE: