

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

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **418053** (5)

1. Corporation Name  
**J.H.C.Y. CORP.**

Principal Place of Business

Mailing Address

**%SOKOLOWSKI**  
**3115 PALM AIRE DRIVE NORTH**  
**POMPANO BEACH FL 33069-3803**  
**US**

**%SOKOLOWSKI**  
**3115 PALM AIRE DRIVE NORTH**  
**POMPANO BEACH FL 33069-3803**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/02/1973**

4. FEI Number

**59-1440021**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 **4932 NW 66TH AVENUE**  
23 **LAUDERHILL 33319-7208**

27 **4932 NW 66TH AVENUE**  
28 **LAUDERHILL 33319-7208**

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOKOLOWSKI, T M**  
**3115 PALM AIRE DRIVE NORTH**  
**POMPANO BEACH FL 33069**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**Theodore M Sokolowski**  
**4932 NW 66 Ave**  
**Ft. Lauderdale**  
**FL 33319-7208**

84 City

85 Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

**4-12-98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **SOKOLOWSKI, T M**  
CITY-ST-ZIP **3115 PALM AIRE DR N**  
**POMPANO BEACH FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**Theodore M Sokolowski**  
**4932 NW 66 Ave**  
**Ft. Lauderdale**  
**FL 33319-7208**  
☒ Change ☐ Addition

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **GOTTIEB, HILDA**  
CITY-ST-ZIP **3115 PALM AIRE DR. N.**  
**POMPANO BEACH FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**4932 NW 66TH AVENUE**  
**LAUDERHILL 33319-7208**  
☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

**Theodore M Sokolowski**

**4-12-98 984/749-5642**

CR2E034 (10/97)