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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

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DOCUMENT #

JHR MANAGEMENT ASSOCIATES, INC.



Principal Place of Business Malling Address										
460 BUSINESS PKWY 460 BUSINESS PKWY										
STE F										
WEST PALM BCH FL 33411 US		US			3. Date incorporated or Qualified 05/23/1980	3a. Date 0	5/01/19	95		
2. Principal Place of Business 1 6/00 GEORGIA AVE 26 6/00 GEORGIA			26/A	A AVE		4. FEI Number 59-2000927		⊢	Applied For Not Applicable	
Suite, Apt. #,	otc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	
City & State WEST	PARM BH FL	City & State 28 WEST PAME		FL		Election Campaign Financing Trust Fund Contribution		Added	May Be I to Fees	
Zip 334	105 Country BENCH	29 3346.5 3	Countr	en Bl	H	8. This corporation has liability for in Florida Statutes Yes		under s	199.032,	
	9. Name and Address of Current					10. Name and Address of New R	egistered A	gent		
			8	Name						
MEYERS, RHODA 111 SANDPIPER AVE				82 Street Address (P.O. Box Number is Not Acceptable)						
										ROYAL PALM BCH FL 33411
•			8	4 City			FL	85 Zip	Code	
44 65	the provisions of Sections 607.0502 a	nd 607 1500 Florida Statutas 1	the obour	named or	ornoratio	n submits this statement for the run		naina ite r	anistared office	
or registered familiar with	d agent, or both, in the State of Florida , and accept the obligations of, Section	. Such change was authori ze d b	by the cor	poration's	board o	f directors. I hereby accept the appo	ointment as r	egistered	agent. I am	
SIGNATURE	gradure, typoid or printed name of registered agent an	d tite if applicable (NOTE: F	Registered Ag	ent signature r	required whe	en ronstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	CERS AND I	DINECTO		
TITLE	VD	DELETE	1. 1 TITLI		V/C	7/5	V	Change	Addition .	
NAME	MEYERS, RHODA		1.2 NAM			•				
STREET ADDRESS	111 SANDPIPER AVE		1.3 STHE	ET ADDRESS						
CHTY-ST-ZIP	ROYAL PALM BCH,FL 00000		14 CHY	-ST-ZIP				_		
TITLE	PD	DELETE	2 1 TiTL		PID	リナ	¥	Change	Addition	
NAME	HEMINGWAY, JOSEPH		2.2 NAMI		'	•				
STREET ADDRESS	111 SANDPIPER AVE		2.3 STRE	ET ADORESS						
DITY-ST-ZIP	ROYAL PALM BCH,FL 00000		2.4 CITY	-ST-ZIP						
11TLE	ST	⊠ DELETE	3 1 TITL] Change	☐ Addition	
NAME	HORZS, JOSEPH D.		3 2 NAMI	<u>:</u>						
STREET ADDRESS	111 SANDPIPER AVE.		3.3 STR	ET ADDRESS						
CITY-SI-ZIP	ROYAL PALM BCH. FL		3.4 CHY	- ST- ZIP						
TITLE		☐ DELETE	4. 1 TITL		T) Change	Addition	
NAME			4.2 NAM	Ē						
STHEET ADDRESS			4.3 STRE	ET ADDRESS		10000193	gggr	11		
CIFY-ST-7IF			4.4 CITY	ST-ZIP		10000183 -05/22/96011 ***200.00	1702	3		
DILE		☐ DELETE	5. 1 THL			***200.00] Change	☐ Addition	
NAME			5.2 NAM							
STREET ADDRESS			5.3 STRE	ET ADDRESS			\		•	
CITY-ST-ZIP			5.4 CITY	- \$1 - 7 P			W	<u> </u>		
TITLE		☐ DELETE	6. 1 TITL		1		,ıÈ] Change	☐ Addition	
NAME			6.2 NAM	E			(M			
STREET ADDRESS			6.3 STRE	ET ADDRESS			XII V			
CITY - S1 - ZiP			6.4 CITY				A)			
14. I do hereby	certify that the information supplied wi	th this filing is voluntarily furnishe	ed and do	es not qu	alify for t	he exemption stated in Section 119.	07(3)(k), Flor	ida Statut	es. 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:

4/26/96 407.586-1900

CR2E034 (12/95)