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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90203 026 ***150.00

DOCUMENT # G20323

| Corporation | n Name | | | | | | |
|---|--|--------------------------------|-----------------------|----------------------------------|---|------------------------|---------------------------|
| GJHE | NTERPRISES, INC. | | | | I IDRIANI BOIR IRRUI DONDO NING WARE NIN D | HAMAN BIOLOGIAN | AMERI ANDIN MARI |
| | | | | | | | |
| Principal Flace of Business Mailing Address | | | | | | 1911 01011 01011 91911 | |
| 635 93RD AVE. NO. 635 93RD AVE. NO. P O BOX 21377 P O BOX 21377 | | | | | | TUID ODAOT | |
| ST PETERSBURG FL 33742 ST PETERSBURG FL 33742 | | | 2 | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualifed 01/25/1983 | | |
| 2. Principal Place of Business 2a. | | 2a. Mailing Address | | | 4. FEI Number | | pplied For |
| 21 | | | | | 59-2264435 | | lo Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | sired S8.75 Additional Fee Required | | |
| City & Sitate | | City & State | | 6. Election Campaign Financing | \$5.00 |) vlay Be | |
| 23 | | 28 | | | Trust Fund Contribution | Added | to Fees |
| Zip | Country 25 | Zip | Countr | У | This corporation owes the current year Personal Property Tax. | ar Intangible ☐ Yes | √No |
| | 9. Name and Address of Curren | · | 1 | | 10. Name and Address of New Registe | ered Agent | |
| | | | 8 | 1 Name | | | |
| HIGGINS, JOHN P. 800 - 2ND AVE. SOUTH, STE 380 | | | 8: | 2 Street Ad | ddress (P.O. Box Number is Not Acceptable) | | |
| | PETERSBURG FL 33701 | | 8: | 3 | | | |
| | | | 84 | 4 City | | FL 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 607.050 | and 607.1508, Florida Statu | tes, the abo | ve-named co | orporation submits this statement for the purpo- ation's board of directors. I hereby accept the a | se of changing it | s registered egistered |
| oπice or r agent. I a | egistered agent, or both, in the State in familiar with, and accept the obligation | tions of, Section 607.0505, FI | orida Statute | s. | Autoria Board of Amodolora. Priorealy decopy and a | | -3 |
| SIGNATUF:E | | | | | | | |
| | Signature, typed or printed name of registered ager | | | ent signature req | ADDIT()NS/CHANGES TO OFFICER | | ODE IN 12 |
| 12. | | II) DIRECTORS 13 | | | ADDITIONS/CHANGES TO OFFICER | ☐ Change | |
| TITLE | STD LIANDER TOLINIK | | 1.1 TITLE 1.2 NAME | ì | | | _ |
| NAME | HANDEL, JOHN K. 125 CORDOVA BLVD. NE | | | 1 | | | ł |
| STREET ADDRESS | ST. PETERSBURG FL | | 1.3 STREET ADDRESS | | | | ļ |
| CITY-ST-ZIP | PD | DELETE | 2.1 TITLE | | | ☐ Change | Addition |
| NAME | HANDEL, GAIL E. | _ | 2.2 NAME | i | | | |
| STREET ADDRESS | ARE CORDOVA BLUD AIR | | | ET ADDRESS | | | } |
| CITY-ST-ZIP | ST. PETERSBURG FL | - | 2.4 CITY | | | | - |
| TITLE | OT TETEROBOTIO TE | ☐ DELETE | 3.1 TITLE | | | Change | Addition |
| NAME | | | 3.2 NAME | . | | | |
| STREET ADDRESS | | | 3.3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4, CITY | | <u></u> | | |
| TITLE | | ☐ DELETE 4.1 T | | | | ☐ Change | Addition |
| NAME | | | 4. 2 NAM | | | | į |
| STREET ADDRESS | | | 4 3 STRE | ET ADDRESS | | | 1 |
| CITY-ST-ZIP | | | 4.4 CITY | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | Change | B ☐ Addition |
| NAME | | | 5.2 NAME | i | | | |
| STREET ADDRESS | | | 5.3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY- | | | | |
| TITLE | | ☐ DELETE | 6 1 TITLE | | | ☐ Change | Addition |
| NAME | \ | | 6.2 NAME | | | | |
| STREET ADDRES S | | | 6.3 STRE | ET ADDRESS | | | |

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

727 E 76-15:36

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