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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G61489** (2)  
1. Corporation Name  
**J & S HOSEIN ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**1466 N KROME AVE 1466 N KROME AVE**  
**NARANJA FL 33030 NARANJA FL 33030**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/28/1983** 3b. Date of Last Report **03/08/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	<b>1466 NORTH KROME AVE</b>	26	<b>1466 N. KROME AVE</b>	<b>59-2457482</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22	<b>HOMESTEAD</b>	27	<b>HOMESTEAD</b>	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23	<b>FLA</b>	28	<b>FLA</b>				
24	Zip <b>33030</b>	25	Country <b>DADE</b>	29	Zip <b>33030</b>	30	Country <b>DADE</b>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>JUMEEOUL, HOSEIN</b> <b>27105 SW 152 CT</b> <b>NARANJA FL 33032</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
					<b>FL</b>		

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDC</b>	1.1 TITLE	<b>PDC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOSEIN, JUMEEOUL</b>	1.2 NAME	<b>HOSEIN JUMEEOUL</b>
STREET ADDRESS	<b>1466 N KROME AVE</b>	1.3 STREET ADDRESS	<b>27105 SW 152 CT</b>
CITY - ST - ZIP	<b>HOMESTEAD FL</b>	1.4 CITY - ST - ZIP	<b>NARANJA FL 33032</b>
TITLE	<b>VD</b>	2.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOSEIN, ANTHONY</b>	2.2 NAME	<b>HOSEIN ANTHONY</b>
STREET ADDRESS	<b>1466 N KROME AVE</b>	2.3 STREET ADDRESS	<b>27105 SW 152 CT.</b>
CITY - ST - ZIP	<b>HOMESTEAD FL</b>	2.4 CITY - ST - ZIP	<b>NARANJA FL. 33032</b>
TITLE	<b>ST</b>	3.1 TITLE	<b>ST.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOSEIN, SANDRA</b>	3.2 NAME	<b>HOSEIN SANDRA</b>
STREET ADDRESS	<b>1466 N KROME AVE</b>	3.3 STREET ADDRESS	<b>27105 SW 152 CT</b>
CITY - ST - ZIP	<b>HOMESTEAD FL</b>	3.4 CITY - ST - ZIP	<b>NARANJA FL 33032</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jumeeoul Hosein **JUMEEOUL HOSEIN 2-21-95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR