

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:06

DOCUMENT # G68205

(5)

1. Corporation Name

H. J. L. ENTERPRISES, INC.

Principal Place of Business

**% CHARLES ABOUD
775 NW 87TH AVENUE
CORAL SPRINGS FL 33071**

Mailing Address

**% CHARLES ABOUD
775 NW 87TH AVENUE
CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/08/1983

3a. Date of Last Report

04/18/1994

4. FEI Number

59-2341852

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21 1021 N.E. 44 CT.

2a. Mailing Address

26 775 NW 87TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 OAKLAND PARK, FLA.

City & State

28 CORAL SPRINGS, FLA.

Zip

Country

24 25 U.S.A.

Zip

Country

29 33071 30 U.S.A.

9. Name and Address of Current Registered Agent

**ABOUD, CHARLES
775 NW 87TH AVENUE
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 title of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	ABOUD, CHARLES	775 N W 87TH AVE	CORAL SPGS, FL 00000
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles Aboud (PRESIDENT)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES ABOUD

APR 5, 1995
DATE

305-753-8479
TELEPHONE NUMBER

0114483 CP