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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J79743

1. Corporation Name

L & H INVESTMENT GROUP, INC.

FILED

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Principal Place of Business Mailing Address						9(1 \$1811 B191	il Bibit Blail fabl	
11912 MANDARIN RD. JACKSONVILLE FL 32223		11912 Mandarin Road Jacksonville fl 32223 US		DO NOT WRITE IN THIS	SPACE			
				3. Date Incorporated or Qualifed 06/25/1987				
2. Principal Place of Business 2a, Mailing Address					4. FEI Number	T-T-	Applied For	
			4417 Beach Boulevard		59-2696281	Not Applicable		
		Suite, Apt. #, etc.	•		5. Certificate of Status Desired		Additional	
22		27 Suite 104			5, defined of dialog besied	Fee f	Required	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.0	0 May Be		
23		Jacksonville FL Zip Country		Trust Fund Contribution Added to Fees				
Zip	Country				8. This corporation owes the current year Inti		~~	
24	25		o uşz	.	Personal Property Tax	Yes	[]No	
<u> </u>	9. Name and Address of Curren	t Registered Agent	10. Name and Address of New Registered	Agent				
ROTHSTEIN, SIMON D			"	81 Name				
4417 BEACH BOULEVARD			8:	Street Add	eet Address (P.O. Box Number is Not Acceptable)			
BROWARD BUILDING SUITE #104			8:	,		<u>-</u>		
	KSONVILLE FL 32207		0.	'{			1	
WANTED I DE SELOT			84	City	E1	85 Zig	p 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								
				d Agent signature required when re-installing) DATE				
TITLE	PD OFFICERS AN	DEFICERS AND DIRECTORS 11				ID DIRECT		
NAME	HUNTLEY, JAMES L	Occert	11 TITLE	ì		[] Change	s [_] Addition	
STREET ADORESS	44040 411415 15011 5045		1 2 NAME	[
	CITY-ST-ZIP JACKSONVILLE FL		6	T ADDRESS				
TITLE			1.4 CITY-1	31-ZIP		[] Change	e [] Addition	
NAME			2 2 NAME			5.10 lgs	- Landing	
STREET ADDRESS			1	23 STREET ADDRESS			1	
CITY-ST-ZIP JACKSONVILLE FL			2 4 CiTY	- (ľ	
TITLE	D	☐ DELETE	3 1 TITLE	\$1-ZF		[] Change	e [] Addition	
NAME	%LEAGUE BROS, AUTO SLAES		32 NAVE		98650008	358	82	
STREET ADDRESS	(33 STREET ADORESS		800002966 -08/2 <u>4/</u> 99	01035	009	
CITY-ST-ZIP	JACKSONVILLE FL		34 CITY-	ł	****550.00	東東東	*550.00	
TITLE			4.1 TITLE			Change	e Addition	
NAME]		4 2 NAME				}	
STREET ADDRESS			43STREE	ET ADDRESS			ļ	
CITY-ST-ZIP			44 CITY-	ST-ZIP				
TITLE		L) DELETE	5.1 TITLE		***	Change	e Addition	
NAME			52 NAME	1	•	9.0	i	

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 disposation or the receiver or trustee emporance to execute this report as required by Shepter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address, with all place like empowered

6 1 TITLE 6 2 NAME

5 3 STREET ADDRESS

63 STREET ADDRESS

54 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

AND TYPED OR PRINTED NAME IS SIGNING OFFICER OR DIRECTO

DELETE

July 1, 1999

(904) 268-7189

[] Addition

Duylime Phone #

CR2E034 (11/98)