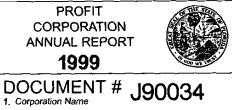
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 08, 1999 8:00 am — Secretary of State 05-08-1999 90046 041 ***150.00

J. L. H.	ENTERPRISES, INC.										
Principal Plac	e of Business	Mailing Address				1 1887118 8110 18111 80111 09100 11111 9101 911		IRIN DIDIN DI	1811 3 1811 1881		
RT 2 BOX 224		P.O. BOX 1600									
MAYO FL 3206	3	MAYO FL 32066				DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE				
		US				3. Date Incorporated or Qualifed	110 01 7	<u></u>		1	
						08/26/1987					
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number Applied For					
21		⊢ •	26			59-2847445		——	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_	\$8.75 Additional				
22		27	27			5. Certificate of Status Desired		Fee Re	quired	ŀ	
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be					
23		28				Trust Fund Contribution		Added to	o Fees		
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year			~		
24 25						Personal Property Tax.			□No		
	9. Name and Address of Curre	ent Registered Agent		81	Nema	10. Name and Address of New Register	ag Age	nt		i	
Uma	/ITT, JOHNNY L.			01	Name						
	BOX 224		82 S			ddress (P.O. Box Number is Not Acceptable)					
	0 FL 32066									l	
IVIA 1	O FL 32000			83							
				84	Cíty		8	5 Zip C	ode		
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was at gations of, Section 607,0505, Flor	ithorized ida Stati	by to	he corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of chai	nging its ent as reg	registered gistered		
					signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND	IDECTO	DS IN 12	88	
12.	P		ECTORS 13.			ADDITIONS/CHANGES TO OFFICERS		Change	Addition	CR2E034 (11/98)	
NAME	HEWITT, JOHNNY L.		1.2 NA		1				_	4	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP	MAYO FL		1,4 CI		ļ					22	
TITLE	ST	DELETE	2.1 TIT					Change	Addition	ੱਹ	
NAME	HEWITT, MARY JANE		2.2 NA	ME	}				Ì	1	
STREET ADDRESS			2.3 ST	REET	ADDRESS)				+	1	
CITY-ST-ZIP	MAYO FL			2.4 CITY-ST-ZIP						l	
TITLE	THE TELESTICAL PROPERTY OF THE TELESTICAL PROPER	☐ DELETE	3.1 TITLE					Change	☐ Addition		
NAME			3.2 NAME		}						
STREET ADDRESS			3.3 STREE		ADDRESS					i	
CITY-ST-ZIP			3.4. CITY-ST-ZIP								
TITLE		☐ DELETE	4.1 TITLE		- (Change	Addition		
NAME			4.2 NAME)]	!	
STREET ADDRESS			4.3 STREE		ADDRESS						
CITY-ST-ZIP			4.4 CITY-5		-ZIP					ļ	
TITLE		☐ DELETE	5.1 TITLE		{) Change	Addition		
NAME			5.2 NAME]					į	
STREET ADDRESS			5.3 STREE)	i	
CITY-ST-ZIP			5.4 CI		-ZIP						
TITLE		☐ DELETE	6.1 Til] Change	Addition	1	
NAME			6.2 NA								
STREET ADDRESS			6.3 STREET ADDRESS							ĺ	
CITY-ST-ZIP)		6.4 CT	TY-ST	-ZIP				l l	ĺ	

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:

904) 294.2620