

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # K40290

(4)

1. Corporation Name

H J FOUNDATION, INC.

Principal Place of Business

**EDWIN W. HICKEY
8181 N.W. 36 STREET, SUITE 27A
MIAMI FL 33166**

Mailing Address

**EDWIN W. HICKEY
8181 N.W. 36 STREET, SUITE 27A
MIAMI FL 33166**



2. Principal Place of Business

2a. Mailing Address

21 **8510 NW 68th Street**

26 **8510 NW 68th Street**

State, Apt. #, etc.

State, Apt. #, etc.

22 City & State

27 City & State

23 **Miami, Florida**

28 **Miami, Florida**

24 **33166** 25 **USA**

29 **33166** 30 **USA**

9. Name and Address of Current Registered Agent

**HICKEY, EDWIN W.
5940 S.W. 87TH ST.
SOUTH MIAMI FL 33143**

3. Date Incorporated or Qualified

10/18/1988

3a. Date of Last Report

03/08/1995

4. FET Number

65-0080719

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

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 607.02(4)(b) and 607.01(5)(b), 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 607.01(5)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent (if different from above)

Signature of President, Agent for Service of Process, or Secretary

Date

12. OFFICERS AND DIRECTORS

1. TITLE	DP	☐ DELETE
2. NAME	HICKEY, EDWIN W.	
3. STREET ADDRESS	5940 S.W. 87TH ST.	
4. CITY, ST., ZIP	SOUTH MIAMI FL	
5. TITLE	DV	☐ DELETE
6. NAME	JOHNSON, ROBERT A.	
7. STREET ADDRESS	2410 MAGNOLIA DR.	
8. CITY, ST., ZIP	N. MIAMI BEACH FL	
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST., ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST., ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST., ZIP	

14. I 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. I am an officer or director of the corporation or the registered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 (305) 592-8181

CR2E034 (12/95)