

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # L07435 (5)
1. Corporation Name
J.B.'S MHI CORPORATION



Principal Place of Business
**233 EAST BAY STREET
JACKSONVILLE FL 32202**

Mailing Address
**233 EAST BAY STREET
JACKSONVILLE FL 32202**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1989	3a. Date of Last Report 03/17/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3064391		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**BATTEH, MIRIAM, B
4324 SAN MARTARRO DR N
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0603, Florida Statutes.

SIGNATURE

Signature of person authorized to change the corporation's registered office or registered agent, or both, in the State of Florida.

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	PSTD	11. TITLE	☐ Change ☐ Addition
NAME	BATTEH, MIRIAM, B	12. NAME	
STREET ADDRESS	4324 SAN MARTARRO DR. NO.	13. STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14. CITY-ST-ZIP	
TITLE	D	21. TITLE	☐ Change ☐ Addition
NAME	BATTEH, JAMAL J.	22. NAME	
STREET ADDRESS	4324 SAN MARTARRO DR N	23. STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24. CITY-ST-ZIP	
TITLE		31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Jamal J. Battah
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMAL J. BATTEH, Pres.

904-359-9111
(604) 359-9111

CR2E034 (3/96)