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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** L11972 1. Corporation Name

(1)

JENO-HAWK, INC.

Principal Place of Business
3912 POINSETTA DRIVE
ST. PETE BEACH FL 33706

Mailing Address

2012 DOINCETTA DOIVE



ST. PETE BEACH FL 33706		ST. PETE BEACH FL 33706				
:					3. Date Incorporated or Qualified 08/29/1989	3a. Date of Last Report 09/13/1995
2. Principa	l Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	26		59-3008672	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country	Zip	Country		8. This corporation has liability for in	
24	[25]	29	[30]		Florida Stalutes	
	g. Name and Address of Curr	ent Registered Agent	81	г	10. Name and Address of New Ro	egistered Agent
			• 1	Name		
	K, JERRY R		82	Street Addr	ress (P.O. Box Number is Not Acceptabl	e)
	POINSETTA DRIVE					
81. P	ETE BEACH FL 33706		83			
	,		84	City		F1 B5 Zip Code
or regi	stered agent, or both, in the State of Fig	orida. Such change was auth	iorized by the corp	L named corpor oration's boar	ration submits this statement for the purp and of directors. I hereby accept the appo	nose of changing its registered office.
familia: SIGNATUF	r with, and accept the obligations of, Se	ection 607.0505, Florida Stat	utes.			•
	Signature, typed or printed name of registered ag-		(NOTE Registered Age	d signature respire		DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFE	THE RESIDENCE OF THE PERSON OF
TITLE	PT ITAMAK IEDDY D	☐ DELETE	1 1 TiTLF			Change Addition
NAME	HAWK, JERRY R		1.2 NAME			
STREET ADDRE		•	1 3 STREE			
CITY-ST-ZIP	ST. PETE BEACH FL 33706		1.4 CiTy - S	1 - ZIP		
TITLE	VPS CENTANNI CINO	DELETE	2 1 TiTLE			Change Addition
NAME	CENTANNI, GINO ISS 115 99TH AVNEUE		2.2 NAME			
STREET ADDRE	TREASURE ISLAND FL 337	ne .	2 3 STREET			
CITY - ST - ZIP	TREASURE ISLAND FL 337	UD DELETE	2 4 CHY-5	ST - ZIP		Change El Addition
TITLE NAME			3 1 T TLE			Change Addition
			3.2 NAME	1.1020566		
STREET ADDRE	.55		3.3 STREE	i		
TITLE		DELETE	3.4.01TY - 5 4. 1.T/TLE	1 - 214		Change Addition
NAME			4.2 NAM:			El orango El vaginos
STREET ADDRE	ess		4.3 STHEE	Andress		
CITY-ST-ZIP			4.4 City - 5			
TITLE		☐ DELETE	5 1 T TLF			Change
NAME		_	5 2 NAME			
STREET ADDRE	ss		5.3 \$19EE	ADDRESS		
CITY-ST-ZIP			5 4 CiTy - 5			
TITLE		DELETE	6 1 TiTLE			Change   Add Long
NAME			6.2 NAME		40000184 -06/03/96010	7114 (\)
STREET ADDRE	ess		6.3 STREET	ADDRESS	-06/03/96010	18035
City ST-7iP			64015	ì	***450.00	~ · · · · · · · · · · · · · · · · · · ·

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)(x). 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 eath; that I am an officer obtdirector of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attrictment with an address.

**SIGNATURE:**