

FILE NOW: FILING FEE AFTER MAY 15: IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999-1999

DOCUMENT # L16998

1. Corporation Name

CJH INCORPORATED

Principal Place of Business

4550 NORTH BAY ROAD
MIAMI BEACH, FL 33140

Mailing Address

W99-23126
4550 N Bay Rd
Miami Beach, FL
33140

99 NOV -9 AM 11:12

800003053408--7
-11/24/99--01006--015
****465.00 ****315.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 9/18/89	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0148459	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JUDITH HERMAN 4550 N. Bay Rd Miami Beach, FL 33140				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. Zip 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

Judith Herman

11/4/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE D, P, S		11. TITLE	
2. NAME HERMAN, CRAIG WM.		12. NAME	
3. STREET ADDRESS 4550 NORTH BAY ROAD		13. STREET ADDRESS	
4. CITY-STATE-ZIP MIAMI BEACH, FL 33140		14. CITY-STATE-ZIP	
5. TITLE D, V, T		21. TITLE	
6. NAME HERMAN, JUDITH		22. NAME	
7. STREET ADDRESS 4550 NORTH BAY ROAD		23. STREET ADDRESS	
8. CITY-STATE-ZIP MIAMI BEACH, FL 33140		24. CITY-STATE-ZIP	
9. TITLE		31. TITLE	
10. NAME		32. NAME	
11. STREET ADDRESS		33. STREET ADDRESS	
12. CITY-STATE-ZIP		34. CITY-STATE-ZIP	
13. TITLE		41. TITLE	
14. NAME		42. NAME	
15. STREET ADDRESS		43. STREET ADDRESS	
16. CITY-STATE-ZIP		44. CITY-STATE-ZIP	
17. TITLE		51. TITLE	
18. NAME		52. NAME	
19. STREET ADDRESS		53. STREET ADDRESS	
20. CITY-STATE-ZIP		54. CITY-STATE-ZIP	
21. TITLE		61. TITLE	
22. NAME		62. NAME	
23. STREET ADDRESS		63. STREET ADDRESS	
24. CITY-STATE-ZIP		64. CITY-STATE-ZIP	

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:

CRAIG WM. HERMAN, M.D., PRES.

954-941-3333

Date

Daytime Phone #

CR2E034 (11/98)

Oct 19, 99 .

to the Department :

I never received notice for the yearly fee
to maintain the corporation.

I am enclosing a check for \$465

Thank you,

Judith Herman