COF	PROFIT CORPORATION ANNUAL REPORT 1996		TER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # L17030			(2)					
1. Corporation	n Name		(2)					
J.H.F.,	INC.					E T ab ikan ara kara karu aran arak	PAR ANAN AJAH AIRI	
Principal Place	e of Business	MailieM	on Address					
Principal Mace of Business Mailing Address 2425 BEACH CT 2425 BEACH CT								
RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404								
						3. Date Incorporated or Qualified 09/18/1989	3a. Date of L. 04/27	,
2. Principal Pt	ace of Business		ailing Address			4. FEI Number		Applied For
Suite, Apt.	#, etc.	26 Si	lite, Apt. #, etc.			13-3561194		Not Applicable
City & State		27				5. Certificate of Status Desired		3.75 Additional Fee Required
23	ty & State City & State					Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zip	Country	Zip	0	Country		8. This corporation has liability for in	ntangible tax unc	
24	9. Name and Address of C	29 urrent Register	ed Agent	[30]		Florida Statutes X Yes 10. Name and Address of New Re		i
DIFTOIO				81	Name			
DIETRICH, LE:SLIE, S 1200 BIMINI LANE					Street A	ddress (P.O. Box Number is Not Acceptable	9)	
	BEACH FL 33404			83				
				84	City		—. 85	Zip Code
11. Pursuant t	o the provisions of Sections 607	.0502 and 607.15	008, Florida Statute	s. the above n	amed co	rporation submits this statement for the purp	<u> </u>	
or registere familiar wit	ed agent, or both, in the State of h, and accept the obligations of	f Florida. Such ch. , Section 607.050	ange was authorize 5, Florida Statutes.	d by the corpo	oration's t	poration submits this statement for the purp poard of directors. I hereby accept the appo	intment as regist	ered agent. I am
SIGNATURE _	Signature, typed or printed name of registere	d agent and tile if spelic	abie MOT	F: Panislaved Asset	digast as as	quired when reinstating)		
12.	OFFICER	S AND DIRECTO		13.	signature rec	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRE	CTORS IN 12
TITLE NAME	dp Dietrich, Charles W.		DELETE	1. 1 TITLE			☐ Cha	nge 🔲 Addition
STREET ADDRESS	2425 BEACH CT			1.2 NAME 1.3 STREET	ADORESS			
CITY-ST-ZIP	RIVIERA BEACH FL			14 CITY-ST				
TITLE NAME	dst Dietrich, leslie s.		DELETE	2 1 TITLE			Cha	nge 🔲 Addition
STREET ADDRESS	2425 BEACH CT			2.3 STREET A	nnocce			
CITY-ST-ZIP	RIVIERA BEACH FL			24 City-St	1			
TITLE			☐ DELETE	3. 1 TITLE			☐ Char	nge 🔲 Addition
NAME STREET ADDRESS				3 2 NAME				
CITY-ST-ZIP				3.3. STREET A				
TITLE			DELETE	4. 1 TITLE	ZIF		Char	ige Addition
NAME				4.2 NAME				
STREET ADDRESS CITY-ST-ZIP				4.3 STREET A				
THLE			DELETE	4.4 CITY-ST- 5 1 TITLE	ZIP		☐ Char	ge 🔲 Addition
NAME				5.2 NAME				a □ vaoiitėi
STREET ADDRESS				5.3 STREET A	DDRESS			
CITY-SI-ZIP TIBLE			DELETE	5.4 CITY-ST-	ZIP		F7 6:	
NAME				6 1 TITLE 62 NAME			☐ Chan	ge 🗌 Addition
STREET ADDRESS				6 3 STREET A	DDRESS			

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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; 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIBETOR

4-23-96 (467)849-2165