FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:54

DOCUMENT # L50308 (0)

1. Corporation Name
JOHN - ANDREW - HENRY, INC.

Principal Place of Business	Mailing Address
1855 GRIFFIN RD SUITE B-354 DANIA FL 33004 US	1855 GRIFFIN RD SUITE B-354 DANIA FL 33004 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/09/1990
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 65-0215717 ☐ 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

9. Name and Address of Current Registered Agent

SCHLOSBERG, DAVID
2828 CORAL WAY
SUITE 303
MIAMI FL 33145

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	XX	☐ Addition
NAME	SOUTHARD, JOSEPH J.	1.2 NAME		
STREET ADDRESS	3900 NE 18TH AVE., #14	1.3 STREET ADDRESS	656 N. Rio Vista Blvd.	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Fort Lauderdale, Florida 33301	
TITLE	V	2.1 TITLE	XX	☐ Addition
NAME	WOOD, WILLIAM H.	2.2 NAME		
STREET ADDRESS	1700 S. OLIVE AVE., #2	2.3 STREET ADDRESS	217 Avila Road	
CITY-ST-ZIP	WEST PALM BCH. FL	2.4 CITY-ST-ZIP	West Palm Beach, Florida 33405	
TITLE	ST	3.1 TITLE	XX	☐ Addition
NAME	MAZZASITA, SALVATORE A.	3.2 NAME		
STREET ADDRESS	3900 NE 18TH AVE., #14	3.3 STREET ADDRESS	656 N. Rio Vista Blvd.	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Fort Lauderdale, Florida 33301	
TITLE		4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: Salvatore A. Mazzasita 3/29/95 (305) 923-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

0076476 CP