FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L95059

Corporation	n Name				
J.H.M. A	ND ASSOCIATES, INC.				
					(6))
Principal Place	e of Business	Mailing Address			1
% JAMES J. M	oses ·	% JAMES J. MOSES		· · ·	
120 N. 46TH AVE. 120 N. 46TH AVE.				DO NOT WRITE IN THIS SPACE	
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021				3. Date Incorporated or Qualifed	
				08/17/1990	
0.0	· ·	2a. Mailing Address		4. FEI Number	Applied For
- '	lace of Business	26. Walling Address		65-0209530	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
\neg		27		5. Certificate of Status Desired	Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
23 28		— '		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registe	red Agent
		جيم ۾ ان وين ويو د الأخاليو	81 Name	ي يواه المحافظ محتفل عمل عاليا الوالي والمراجد محاج ع	
	SES, JAMES J.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
120 46TH AVE.		· · · · · · · · · · · · · · · · · · ·		Carolination (1.01.00)	
HOL	LYWOOD FL 33021	·	83		
		•	84 City	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip Code
			'		FL
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its registered
office or r	registered agent, or both, in the State in the State in the State in familiar with, and accept the obligation	or Florida. Such change was au tions of, Section 607.0505, Flori	da Statutes.	on a board of directors. Thereby accorpt and a	pponiumoni de regionare
SIGNATURE	, , ,			·	
SIGNATURE	Signature, typed or printed name of registered agen		Registered Agent signature require	d when reinstating) DAT	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	Change Addition
TITLE	D	☐ DELETÉ	1.1 TITLE		Cristings rectition
NAME	MOSES, JAMES J.		1.2 NAME	·	
STREET ADDRESS	5500 TYLER ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY+ST-ZIP		☐ Change ☐ Addition
TITLE	D	· DELETE	2.1 TITLE		□ Change □ Manison
NAME	MOSES, HOPE		2.2 NAME	•	
STREET ADDRESS	1		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	C pricts	2.4 CITY-ST-ZIP		Change Addition
TITLE	12000年3月	DELETE	3.1 TITLE		C 4.10.13 C
NAME	BARRY BY TO BE		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	· .	□. DECE IE	4.1 TITLE	• .	
NAME			4. 2 NAME		•
STREET ADDRESS		\$1.00 miles	4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	· ·	□ DELETE	5.1 TITLE 5.2 NAME		
·NAME			5.3 STREET ADDRESS		. ' •
STREET ADDRESS	1	· · · · · · · · · · · · · · · · · · ·	5.4 City-St-ZiP	•	'1
CITY-ST-ZIP	1	DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE	T. 18 18 18 18 18 18 18 18 18 18 18 18 18		6.2 NAME		
NAME			6.3 STREET ADDRESS	•	¥

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90002 028 ***150.00