

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # M08661 (4)**  
1. Corporation Name  
**HEN-JO INC.**



Principal Place of Business  
**4390 HUPOLUXO ROAD  
BOX 134  
LANTANA FL 33462**

Mailing Address  
**4390 HUPOLUXO ROAD  
BOX 134  
LANTANA FL 33462**

3. Date Incorporated or Qualified **12/06/1984** 3a. Date of Last Report **04/19/1995**  
4. FEI Number **59-2478730** 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**  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. 25.  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip Country  
29. 30.

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**RIEDL, JOAN  
4739 B GREENTREE RD  
BOYNTON BEACH FL 33436**

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 607.036, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Name and Address of the Agent)

Signature of Registered Agent (Name and Address of the Agent)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>RIEDL, HENRY A.</b>	
STREET ADDRESS	<b>4739 B GREENTREE RD</b>	
CITY, STATE, ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>PDS</b>	<input type="checkbox"/> DELETE
NAME	<b>RIEDL, JOAN PEAL</b>	
STREET ADDRESS	<b>4739 B GREENTREE RD</b>	
CITY, STATE, ZIP	<b>BOYNTON BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, 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)(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 a 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, unchanged, or on an addition with an address.

**SIGNATURE:** *Joan Riedl* **President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/3/96* **407-734-9095**

CR2E034 (12/95)