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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M17146

(5)

J.G. HENRY, INC

Apr 20 1998 8:00am
Secretary of State

J.G. HE	NRY, ING						
Principal Place	e of Business	Mailing Address					
% LESUE R. (	CHIN	% LESLIE R. CHIN					
8922 S.W. 150 WEST CT. CIRCLE 8922 S.W. 150 WEST CT			T. CIRCLE				
MIAMI FL 33196 MIAMI FL 33196				DO NOT WRITE IN THIS SPACE		S SPACE	
					3. Date Incorporated or Qualified		
2. Principal Pl	ace of Business	2a. Mailing Address			06/21/1985 4. FEI Number	Applied For	
21		26			59-2621079	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		[27]	<del></del>		5. Certificate of Status Desired	Fee Required	
City & State	9	<del></del>	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
<b>23</b> Zip	Country	28	T Co. 10	her .	Trust Fund Contribution	Added to Fees	
<b>—</b>			Coun	ιτy	This corporation owes or has paid the or Personal Property Tax due June 30.	urrent year Intangible  X Yes  No	
24	9. Name and Address of Curre	29  ont Registered Agent	[30]		10. Name and Address of New Registered		
CHI	N, LESLIE R.		- 1	1 Name			
	2 <b>S.</b> W. 150 WEST CT. CIRCLE		<b> </b>	O CHERN AND	Ideas (D.O. Day Niveles in Mat Assessed in		
	MI FL 33196		'	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
			Ţ	33			
			}-	34 City		85 Zip Code	
	•		'	City	FI	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							
	Signature, typed or printed name of registered as			Agent signaturo req	quired when reinstating) DATE		
12.		ND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE NAME	D Chin, Leslie R.	☐ DELETE	1.1 TITL	- 1		☐ Change ☐ Addition	
	8922 S W 150 W CT. CIR.		1.2 NAN				
STREET ADDRESS   CITY-ST-ZIP	MIAMI FL			EET ADDRESS			
TITLE	V	DELETE	2.1 111	r-ST-ZIP		Change Addition	
NAME	CHEONG, GEORGE		2.2 NAN	1			
STREET ADDRESS	8922 SW 150 CT. CIR. W.		2.3 STR	EET ADDRESS			
CITY-ST-ZIP	MIAMI FL			Y-ST-ZIP			
TITLE	Ō	DELETE	3.1 1(1)	E		Change Addition	
NAME	CHUNG, HENRY		3.2 NAN	1E			
STREET ADDRESS	8922 SW 150 CT. CIR. W.		3.3 STR	EET ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4. CIT	Y-ST-ZIP			
TITLE	PST	DELETE	4.1 TOTA	E		Change Addition	
NAME	CHIN, LESLIE R.		4 2 NA	AE .			
STREET ADDRESS	8922 SW 150 W CT CIR			EET ADDRESS			
CITY-ST-ZIP	MIAMI FL	DELETE		-ST-ZIP		Change   Addition	
TITLE		ביי הכוכונ	5.1 TITL			☐ Change ☐ Addition	
NAME STREET ADDRESS			5.2 NAM				
				EET ADDRESS		}	
CITY-ST-ZIP TITLE	·	DELETE	5.4 CITY 6.1 TITL	-ST-ZIP		Change Addition	
NAME			6.2 NAM				
STREET ADDRESS			1	EET ADDRESS			
City-St-Zip				-ST-ZIP			
14. I hereby c	ertify that the information supplied	with this filing does not qualify	for the exen	nption stated i	in Section 119.07(3)(i), Florida Statutes. I further of	ertify that the information	
indicated (	on this annual report or supplement director of the corp hation or the rec or Block 13 if chart hid, or on an att	lal annual report is true and ac	curate and	that my signal	ture shall have the same legal effect as if made unquired by Chapter 607, Florida Statutes; and that	nder oath; that I am an my name appears in	