

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P93000029794 (3)

95 JAN 18 PM 4:27

1. Corporation Name
GJH CORPORATION

Principal Place of Business Mailing Address
20893 DEL LUNA DR. BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/22/1993** 3a. Date of Last Report **02/15/1994**

2. Principal Place of Business 2b. Mailing Address

4. FEI Number **65-0412454** Applied For Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**HANDMAN, JEROME L
20893 DEL LUNA DR.
BOCA RATON FL 33433**

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

(Signature of current registered agent and his/her successor)

(Signature of Registered Agent, or his/her successor, if applicable)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDMAN, JEROME L	12. NAME	
STREET ADDRESS	20893 DEL LUNA DR	13. STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL 33433	14. CITY, ST, ZIP	
TITLE	VT	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDMAN, GLORIA B	22. NAME	
STREET ADDRESS	28093 DEL LUNA DR	23. STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL 33433	24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and chosen not equally for the corporation stated in Section 119.07(3)(b), 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 in the manner or position represented to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or as an addition with a checkmark.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
407-477-3045
0260712 CP