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FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P94000068543 (5)**

1. Corporation Name
HAND-JOB ENTERPRISES, INCORPORATED

Principal Place of Business	Mailing Address
8304 BARDMOOR BLVD. 19 LARGO FL 33777 US	8304 BARDMOOR BLVD. 19 LARGO FL 33777 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1601 Cordova Green
Suite, Apt. #, etc.
22
City & State
23 Largo Florida
Zip 24 33777 Country 25 Pinellas

2a. Mailing Address
26 1601 Cordova Green
Suite, Apt. #, etc.
27
City & State
28 Largo Fl
Zip 29 33777 Country 30 Pinellas

3. Date Incorporated or Qualified
09/16/1994

4. FEI Number
59-3261144
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
JOSEPHSON, JACQUELINA
8304 BARDMOOR BLVD, 19
LARGO FL 34647

10. Name and Address of New Registered Agent
81 Name Jacquelina Lakus
82 Street Address (P.O. Box Number is Not Acceptable) 1601 Cordova Green
83
84 City Largo FL 85 Zip Code 33777

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 Jacquelina Lakus 4-6-98
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	JASEPHSON, JAQUELINA		1.2 NAME	Jacquelina Lakus	
STREET ADDRESS	8304 BARDMOOR BLVD 19		1.3 STREET ADDRESS	1601 Cordova Green	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	Largo Florida 33777	
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	LAKUS, DAVID		2.2 NAME	David Lakus	
STREET ADDRESS	8304 BARDMOOR BLVD 19		2.3 STREET ADDRESS	1601 Cordova Green	
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP	Largo Florida 33777	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Jacquelina Lakus 4-6-98 (813) 392-1859