

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 # P94000085018 (7)

1. Corporation Name

JH IV ENTERPRISES, INC.



Principal Place of Business

Mailing Address

4141 W. HILLSBOROUGH SUITE 203 TAMPA FL 33614 US

4141 W. HILLSBOROUGH SUITE 203 TAMPA FL 33614 US

21 2. Principal Place of Business
3610 W. HILLSBOROUGH

26 2a. Mailing Address
3519 McMullen Boot Rd.

22 Suite, Apt. #, etc.
SUITE C

27 Suite, Apt. #, etc.
SUITE # 510-110

23 City & State
TAMPA, FLA

28 City & State
CLEARWATER, FLA

24 Zip
33614

25 Country
USA.

29 Zip
34621

30 Country
USA.

9. Name and Address of Current Registered Agent

HUMMELL, JOHN IV
1739 CYPRESS TRACE DRIVE
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83 SAME
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.008, 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 607.005, Florida Statutes.

SIGNATURE

John Hummell IV - JOHN HUMMELL IV - PRESIDENT - 3/25/96

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when re-appointing.

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HUMMELL, JOHN IV
STREET ADDRESS 1739 CYPRESS TRACE DR.
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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:

John Hummell IV - JOHN HUMMELL IV - PRESIDENT - 3/25/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/25/96

CR2E034 (12/95)