

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

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Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000085018 (7)

1. Corporation Name
JH IV ENTERPRISES, INC.



Principal Place of Business 2610 W HILLSBOROUGH SUITE C TAMPA FL 33614 US	Mailing Address 2519 MCMULLEN BOOTH RD SUITE 510-110 CLEARWATER FL 34621-4173 US
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3. Date Incorporated or Qualified 11/18/1994	3a. Date of Last Report 03/26/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. SAME 22 City & State SAME 23 Zip SAME Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. SAME 27 City & State 510-180 28 Zip SAME Country 30	4. FEI Number 59-3277501	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HUMMELL, JOHN IV
1739 CYPRESS TRACE DRIVE
SAFETY HARBOR FL 34895

10. Name and Address of New Registered Agent

81 Name JOHN HUMMELL IV	85 Zip Code FL
82 Street Address (P.O. Box Number is Not Acceptable) 1624 LABO VISTA BLVD	
83 City PALM HARBOR, FL 34685	

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 **JOHN HUMMELL IV** **JOHN HUMMELL IV** **President** **4/14/97**
Signature, typed 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 D	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUMMELL, JOHN IV		1.2 NAME JOHN HUMMELL IV	
STREET ADDRESS 1739 CYPRESS TRACE DR.		1.3 STREET ADDRESS 1624 LABO VISTA BLVD	
CITY - ST - ZIP SAFETY HARBOR FL 34895		1.4 CITY - ST - ZIP PALM HARBOR, FL 34685	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 change.

SIGNATURE **JOHN HUMMELL IV** **JOHN HUMMELL IV** **President** **4/14/97** **(813) 787-3867**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)