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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000085605 (1)

1. Corporation Name:
JHD SERVICES, INC.



Principal Place of Business

1250 E HALLANDALE BEACH BLVD
SUITE 505
HALLANDALE FL 33009

Mailing Address

1250 E HALLANDALE BEACH BLVD
SUITE 505
HALLANDALE FL 33009-4835

2. Principal Place of Business

21 3601 W. COMMERCIAL BLVD.

Suite, Apt. #, etc.

22 34

City & State

23 FORT LAUDERDALE, FL.

Zip

24 33309

Country

25 USA

2a. Mailing Address

26 3601 W. COMMERCIAL BLVD.

Suite, Apt. #, etc.

27 34

City & State

28 FORT LAUDERDALE, FL.

Zip

29 33309

Country

30 USA

3. Date Incorporated or Qualified

11/23/1994

3a. Date of Last Report

04/25/1996

4. FEI Number

65-0534746

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

MOORIN, ELLEN
1250 E HALLANDALE BEACH BLVD
SUITE 505
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name MOORIN, ELLEN
82 Street Address (P.O. Box Number is Not Acceptable)
3601 W. COMMERCIAL BLVD. # 34
83
84 City FT. LAUDERDALE FL 85 Zip Code 33309

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 agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MOORIN, ELLEN
STREET ADDRESS 1250 E HALLANDALE BEACH BLVD SUITE 505
CITY-ST-ZIP HALLANDALE FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DP
12 NAME MOORIN, ELLEN
13 STREET ADDRESS 3601 W. COMMERCIAL BLVD. #34
14 CITY-ST-ZIP FT. LAUDERDALE, FL 33309

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director
Ellen Moorin

4-18-97 954 676-5111

Date

Daytime Phone #

CR2E034 (9/96)