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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # **P94000091460 (3)**

J & H CONSULTING SERVICES, INC.

Principal Place of Business Mailing Address 4206 CAKRERRY DRIVE 4206 OAKRERRY DRIVE ORLANDO FL 32817-3960 ORLANDO FL 32017-3860 3. Date incorporated or Qualified 3a. Date of Last Report 12/19/1994 03/28/1996 2. Principal Prace of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0550634 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOSSETT, JORGE **4206 OAKBERRY DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32817-3860 83 City 64 Zip Code 85 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 farmer with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature: type if or printed name of regins not agrin; and otte if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change TITLE GOSSET, JORGE 1.2 NAME NAME 4206 OAKBERRY DRIVE 1.3 STREET ADDRESS STREET ADDRESS ORALNDO FL 32817-3860 City - ST - ZIP 14 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TILLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-SI-ZIF DELETE 4.1 TITLE Change Addition THE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

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 suppliemental 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 exercise 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 or an atjachmost my an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY - ST - ZIP TITLE

CITY - ST - ZIP

NAME STREET ADDRESS

OFFICER OR DIRECTOR

DELETE

1/8/9-

(407) 679-7147

Change

Addition

FILED

Jan 22 1997 8:00am

Secretary of State

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CR2E034 (9/96)