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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE

TITLE NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000091460 (3) DOCUMENT #

J & H CONSULTING SERVICES, INC.

4206 OAKBERRY DRIVE 4206 OAKBERRY DRIVE ORLANDO FL 32817-3860 ORLANDO FL 32817-3860 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/19/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0550634 21 26 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 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOSSETT, JORGE 4206 OAKBERRY DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32817-3860 83 Zip Code 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 rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change 11 TITLE TITLE **GOSSET, JORGE** NAME 1.2 NAME 4206 OAKBERRY DRIVE STREET ADDRESS 1.3 STREET ADDRESS ORALNDO FL 32817-3860 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ___ Addition 21 TITLE

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32 NAME 3.3 STREET ADDRESS

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4. 2 NAME

5.1 TITLE

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3 4. CITY-ST-ZIP

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6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

23 STREET ADDRESS 2 4 CITY-ST-ZIP

CITY-ST-ZIP 14. Thereby 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 supplimental arinual 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

DELETE

DELETE

DELETE

DELETE

(407) 6797147

1/12/98

Addition

Addition

☐ Addition

Addition

Change

Change

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Change

FILED

Jan 23 1998 8:00am

Secretary of State