

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000001430 (4)

1. Corporation Name

JHW SERVICES CORP.

Principal Place of Business

8109 NW 71 COURT
FT LAUDERDALE FL 33321

Mailing Address

8109 NW 71 COURT
FT LAUDERDALE FL 33321

3. Date Incorporated or Qualified

01/06/1995

3a. Date of Last Report

2. Principal Place of Business

21 8754 THAMES RIVER DRIVE

2a. Mailing Address

26 8754 THAMES RIVER DRIVE

4. FEI Number

65-054492

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 BOCA RATON FL

27

City & State

28 BOCA RATON FL

24

Zip

33433

Country

25 USA

29

Zip

33433

Country

30 USA

5. Certificate of Status Desired

☐ \$8.75 Additional

Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be

Trust Fund Contribution

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

HELFANT, JEROME

8109 NW 71 COURT

FT LAUDERDALE FL 33321

10. Name and Address of New Registered Agent

81 Name

HELFANT, JEROME

82

Street Address (P.O. Box Number is Not Acceptable)

8754 THAMES RIVER DRIVE

83

84

City BOCA RATON

FL

85

Zip Code 33433

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

JEROME HELFANT, PRES.

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

(NOTE: Registered Agent Signature Required for Renewal)

4/20/96

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	HELFANT, JEROME	
STREET ADDRESS	8109 NW 71 COURT	
CITY - ST - ZIP	FT LAUDERDALE FL 33321	
TITLE	D	DELETE
NAME	HELFANT, JANET	
STREET ADDRESS	8109 NW 71 COURT	
CITY - ST - ZIP	FT LAUDERDALE FL 33321	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	CHANGE	ADDITION
1.2 NAME	HELFANT, JEROME		
1.3 STREET ADDRESS	8754 THAMES RIVER DR.		
1.4 CITY - ST - ZIP	BOCA RATON FL 33433		
2.1 TITLE	D	CHANGE	ADDITION
2.2 NAME	HELFANT, JANET		
2.3 STREET ADDRESS	8754 THAMES RIVER DR.		
2.4 CITY - ST - ZIP	BOCA RATON, FL 33433		
3.1 TITLE		CHANGE	ADDITION
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		CHANGE	ADDITION
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		CHANGE	ADDITION
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		CHANGE	ADDITION
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEROME HELFANT

4/20/96

407-883-1487

(Optional Phone #)

CR2E034 (12/95)