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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	NUAL REPORT Secretary of DIVISION OF COL		of State								
DOCUN 1. Corporation	MENT #	P95000	00589	0 (5)							
JHB C	onsulting, in	C.									
Principal Place	of Business		Mailing Addres	is					Bill Blik Blik		
1000 NORTH UNIT 625 JUPITER FL	U.S. HWY. ONE 33477		1000 NORTH U.S. HWY. ONE UNIT 625 JUPITER FL 33477				Date Incorporated or Qu	aliford 3a	- Date of Last	Donort	
								01/23/1995	annet Ja	- Date of Last	нероп
	ace of Business		2a. Mailing Add					4. FEI Number			Applied For
Suite Apt. #, etc.			26 QIOO WATERU Suite, Apt. #, etc.			s RD.		65-0552	496		Not Applicable
22			27					5. Certificate of Status Des	ired 🔲	•	5 Additional Required
City & State	_		City & State 28 TEQU		5 1			Election Campaign Finar Trust Fund Contribution	icing		00 May Be led to Fees
Zip	Cou	ntry	Zip	1	Country	•		8. This corporation has liab	ility for intang		
24 334		Iress of Current R	29 334	1-	<u> US</u>	A			☐ Yes 💢		
	5. Walle Blid Add	ness of Current A	egistered Agen		81	Name		10. Name and Address of	New Regist	ered Agent	
UNIT 62	orth U.S. Hwy. C	NE			82	1910	Addres	S (P.O. Box Number is Not Air WATERWAY	cceptable)		
					84	- 7	EG	DUESTA		┡┖╴╵╶	Zip Code 33469
11. Pursuant to or registere	o the provisions of Se ed agent, or both, in t	ctions 607.0502 and he State of Florida.	d 607.1508, Flori Such change wa	da Statutes, t	the above-	named co	coorati	on submits this statement for of directors. I hereby accept t	the purpose	ad abana 2 a 2 4 a	
familiär witl SIGNATURE	h, and accept the obl	gations of, Section	607.0505, Florida	Statutes.	,				то прропит	on Cas regional	ia agonii rani
	Signature, typed or printed na			(NOTE: F		rt signature re	q ired w	hen reinstating!		ATE	
12.		OFFICERS AND D	IHECTORS DE	LETE	13.			ADDITIONS/CHANGES 1	O OFFICERS		
NAME	BUNN, JEAN		[] 01	LCTL	1.2 NAME					🔀 Change	Addition
STREET ADDRESS	1000 N. U.S. H				T ADDRESS	10	100 WATERW	MU DT	,		
CITY-ST-ZIP	JUPITER FL 334				1.4 CiTY - 5	- 1		equesta, Fl			
TITLE			☐ DE	LETE	2 1 TITLE			200011111	, , ,	Change	Addition
NAME:					2.2 NAME						
STREET ADDRESS					2 3 STREE	1 ADDRESS					
CITY-ST-ZIP			[] NE	LETE	24 CITY - 5	S1-2IP				FT 0	
NAME			DE	LE IE	3. 1 TITLE					Change	Addition
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CITY-ST-ZIP					3.4 CITY - 5						
TITLE		* · · · · · · · · · · · · · · · · · · ·	☐ DE	LÉTE	4. 1 THLE	*****				Change	Addition
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CITY-S1-ZIP					4.4 CITY - S	ST-ZIP					
TITLE			□ D£	LETE	5. 1 TITLE	Ì				Change	Addition
NAME CIRCL APPOINCE					5.2 NAME						
STREET ADDRESS					5.3 STREET						
CITY-ST-ZIP TITLE			DE	LETE	5.4 CITY - S 6. 1 TITLE	51 - ZIP				☐ Change	Addition
NAME				=	6.2 NAME					⊏] nigirye	L) ADDITION
STREET ADDRESS				!	6.3 STREET	ADDRESS					
CITY-ST-7IP					EACITY S						

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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 407-1744-9162