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

Mailing Address

TAMPA FL 33602

SUITE 1700

C/O 501 E. KENNEDY BLVD

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 26 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000019211 (8)

J H S C CORPORATION

Principal Place of Business

C/O 501 E. KENNEDY BLVD

SUITE 170

TAMPA FL 33602

	30					1/1995		ate of Last H 18/1996	ероп		
2. Principal Place of Business		2a. Mailing Address				4. FEI Number			Applied For		
21		26			65-	65-0641559			Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certi	icate of Status Desired		\$8.75			
22	· · · · · · · · · · · · · · · · · · ·	27			2. 00.0			Fee Re	quired		
City & State	e	City & State			1	ion Campaign Financing		\$5.00			
23 Zip	Country	28 Zip	Country	·		Fund Contribution	<u> </u>	Added t			
24	[25]	29	¬ ´			corporation has liability for i		i tax under s. No	. 199.032,		
	9. Name and Address of Current		<u>'1 </u>			e and Address of New Re					
RICHARD A. JACOBSON					81 Name						
501 E. KENNEDY BLVD., #1700					82 Street Address (P.O. Box Number is Not Acceptable)						
TAMPA FL 33602				82 Street Address (P.O. Box Number is Not Acceptable)							
				83							
			-	<u> </u>							
			84	City		•	FL	85 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 Horida. 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 toe if applicable (NOTE: Registered					equired when reinstat		DATE				
12,	OFFICERS AND		13.		ADDIT	IONS/CHANGES TO OFFIC	ERS AND				
TOTLE	PSTD	☐ DELETE	1.1 TITLE					X Change	Addition		
NAME	JURG SCHEIZER		1.2 NAME		Jurg M	SCHWEIZER					
STREET ADDRESS	2340 PERIWINKLE WAY, #J3		1.3 STREET			E MUREX CIRC					
Crity - ST - ZIP	SANIBEL ISLAND FL		1.4 CITY - S	T-ZIP	Sanirel	FL 22957					
TITLE	AS NOUADD A JACOBOON	☐ DELETE	2.1 TITLE	. :		•		Change	Addition		
NAME	RICHARD A. JACOBSON										
STREET ADDRESS	TAMPA E			ADDRESS							
CITY - ST - ZIP	IMMEN EL	T DELETE	2 4 CITY-5	ST-ZIP		***************************************					
TITLE		DELETE	31 TITLE					Change	☐ Addition		
NAME			3.2 NAME	. :							
STREET ADDRESS			3.3 STREET								
CITY-ST-ZIP		DELETE	3.4. CITY - S	ST-ZWP			··-·············	Channe	Addition		
TITLE		☐ DETEIE	4.1 TITLE					Change	Addition		
NAME DEDECT ADDRESS			4. 2 NAME								
STREET ADDRESS			4.3 STREET	1							
CITY - ST - ZIP TITLE		DELETE	4.4 CITY-S 5.1 TiTLE	T-ZIP				Change	Addition		
NAME		C precit						LL CHAING	L AQUIDON		
			5.2 NAME								
STREET ADDRESS			5.3 STREET			,					
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE	1-ZIP				Change	Addition		
NAME		C) VICEIL						LL CHANGE	L AUUILION		
			6.2 NAME	1DDDECC							
STREET ADDRESS			6.3 STREET		÷						
14. i do hereb	ov certify that the information supplied	with this filma does not qualify for	6.4 CiTY-S	notion ste	ted in Section	19 07/3)(i) Florida Statutos	: I further	certify that	the		
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 thick 13 if charged, or on an attachment with an address.											