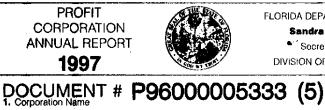
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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED Jun 10 1997 8:00am Secretary of State

& JH HOLDINGS INC.	

Principal Place of Business Mailing Address					T (BENINDE NIO NO NO NE BINIT BONIT DON'T DON'T DON'T DON'T DON'T DINOU NITED NIOD NIIL TOOL			
15250 US 41 SOUTH STE C 15250 US 41 SOUTH STE C FORT MYERS FL 33906 4271								
						3. Date Incorporated or Qualified 01/18/1996	3a. Date of Last F	Report
· ,	lace of Business	2a. Mail	ling Address			4. FEI Number	X A	pplied For
21 26					Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired	Fee R	Additional Required	
City & State City & State				6. Election Campaign Financing \$5.00 May I Trust Fund Contribution Added to Fee				
28 26 Zip Country			Zip Country			8. This corporation has liability for intangible tax under s. 199.032,		
24				30	Florida Statutes Yes No			J. 100.00E,
	9. Name and Address of Cui	rent Registered	l Agent			10. Name and Address of New Reg	Jistered Agent	
HAV	LIK, JOHN			81	Name			
15250 US 41 SOUTH STE C FORT MYERS FL 33908			82	Street Ac	dress (P.O. Box Number is Not Acceptable)			
Fon	I MICHOIL GOSGO			83				
				84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.15	508, Florida Statute:	s, the abov	e-named co	orporation submits this statement for the p	urpose of changing	its registered
office or r agent. I a	egistered agent, or both, in the St m familiar with, and accept the ot	ate of Florida. Si oligations of, Sec	uch change was au ction 607.9505, Flor	uthorized b rida Statute	y the corpo §.	ration's board of directors. I hereby accep	t the appointment as	s registered
SIGNATURE		Sexus 1	Let IV	OID)	qured when reinstating)	DATE 8/9	Z
12.	Signature, typed or printed name of considered	AND DIRECTOR		13.	em signature re-	ADDITIONS/CHANGES TO OFFIC		RS IN 12
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TITLE			DELETE	6.1 TITLE			Change	Addition
NAME				6.2 NAME			•	
STREET ADDRESS					I ADDRESS			
CITY - ST - ZIP				6.4 CITY-				}
	by certify that the information supp	lied with this filli	no does not qualify			ted in Section 119 07(3)(i). Florida Statutes	: I further certify tha	t the

I do nereby definy that the information supplied with this filling does not quality for the exemption stated in Section 119.07(5)(f), Filorida Statutes. 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.