

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

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**Feb 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000007573 (4)

1. Corporation Name
JACK HERMAN, INC.



Principal Place of Business
**6780 N.W. 83RD TERRACE
PARKLAND FL 33067**

Mailing Address
**6780 N.W. 83RD TERRACE
PARKLAND FL 33067-1017**

3. Date Incorporated or Qualified **01/24/1996** 3a. Date of Last Report

2. Principal Place of Business
21 **6450 NW 42 CT**
Suite, Apt #, etc.

2a. Mailing Address
26 **6450 NW 42 CT**
Suite, Apt #, etc.

4. FEI Number **65-0721724** Applied For
Not Applicable

22 City & State
23 **COAL SPRINGS FL**

27 City & State
28 **COAL SPRINGS FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 Zip **33067** 25 Country

29 Zip **33067** 30 Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be 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

10. Name and Address of New Registered Agent

**FILINGS, INC.
3732 N.W. 16TH STREET
FORT LAUDERDALE FL 33311**

81 Name **JACK HERMAN**
82 Street Address (P.O. Box Number is Not Acceptable)
6450 NW 42 CT
83
84 City **COAL SPRINGS** FL 85 Zip Code **33067**

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 **JACK HERMAN PRES.** *Jack Herman* **2/4/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HERMAN, JACK	
STREET ADDRESS	6780 N.W. 83RD TERRACE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACK HERMAN	
1.3 STREET ADDRESS	6450 NW 42 CT.	
1.4 CITY-ST-ZIP	COAL SPRINGS FL 33067	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Block 13 unchanged or on an attachment with an address

SIGNATURE: *Jack Herman* **2/4/97** 954 345 9411
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)