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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000065712 (7)

JCV HAMBRO EXPERT, INC.

Mailing Address

Principal Place of Business

FILED May 06 1998 8:00am Secretary of State



POMPANO BEACH FL 33062			POMPANO BEACH FL 33082								
									ITE IN THIS S	PACE	
						3.	and the second s	ated or Qualifie	d		
							08/07/19	196			
2. Principal Plac	ce of Business		2a. Mailing Address				 			pplied For	
21		26					65-068	4856 			ot Applicable
Suite, Apt. #,	etc.	}n	Suite, Apt. #, etc.			5.	. Certificate of	Status Desired			Additional lequired
City & State		City & St	ate			6.	. Election Cam	palgn Financing	1	\$5.00	May Be
23		28				-	Trust Fund Co				to Fees
Zip	Country	Country Zip			ountry 8. This corporation owes or has paid the current year Intangible						langible
24	25	29	30	30			Personal Property Tax due June 30. Yes No				
	e. Name and Address of Cu	rrent Registered Age	ent		,	10.	. Name and A	ddress of New	Registered A	lgent	
RO	Y, JEAN-CLAUDE			81	Name						
331	IS S.E. 3RD STREET			82	Street	Address (F	P.O. Box Numb	er is Not Accep	otable)		
PO	MPANO BEACH FL 33062			L							
				83							
				84	City					85 Zip	Code
									FL		
office or red	the provisions of Sections 607, pistered agent, or both, in the S familiar with, and accept the of	tate of Florida, Such 6	change was authori	zed by	the cord	corporation s	on submits this board of direct	statement for thors. I hereby ac	e purpose of cept the appo	changing pintment a	its registered s registered
SIGNATURE											
Sig	gnature, typed or printed name of registere		(NOTE Regist		int signature				DATE		
12.		AND DIRECTORS		3.			ADDITIONS/CI	HANGES TO OF	FICERS AND	DIRECTO Change	
TITLE	D	L		1 TITLE		ח				□ Cuanĝe	ALL AUGITORI
NAME	ROY, JEAN-CLAUDE		1	2 NAME		Roy,	Victor	ia L.			
STREET ADDRESS	3313 S.E. 3RD STREET		1.	3 STREET	ADDRESS			rd Stre			
CITY-ST-ZIP	POMPANO BEACH FL 3			4 CITY - S	T - ZIP	Pomp	ano Bea	ich, FL	33062		4.4.00
TITLE		Ĺ		1 TITLE						Change	Addition
NAME				2 NAME							
STREET ADDRESS			■ 1		ADDRESS						
CITY-ST-ZIP				4 CITY-	ST - ZIP						4 4 4 10 1 1
TITLE		L		1 7(TLE						☐ Change	Addition
NAME			•	2 NAME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		4. CITY-	ST-ZIP	 				Change	Addition
TITLE		L		1 TITLE						Change	Addition
NAME				2 NAME							
STREET ADDRESS					ADDRESS	[
CITY-ST-ZIP				4 CITY-S	IT-ZIP	_				Chan	Addition
TITLE		L		1 TITLE						☐ Change	Addition
NAME			1	2 NAME							
STREET ADDRESS			•		ADDRESS						
CITY-ST-ZIP				4 CITY-S	1 - ZIP	ļ <u>.</u>				F1 o	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE		L		1 TITLE						Change	Addition
NAME			6.	2 NAME							
STREET ADDRESS			6.	3 STREET	ADDRESS						
CITY-ST-ZIP			6.	4 CITY-S		L					
	والمردوري ويمرا ويجروني أساله ومرافي أألف	مممام مميآنة منطه طفييناه	ومأله وواقي فالمرابع			and the Promote	- 440 07/03/3	Clarida Ctatuta	معتمالة سيكلم	etifu that th	a information

I 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 if changed, or on an attachment with an appears in

Illular Company sans