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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000074466 (9)

JBH PR INC.

Principal	Place	of Bu	siness

Mailing Address

FILED Apr 18 1997 8:00am Secretary of State



11731 ROYAL PALM BLVD. 11731 ROYAL PALM BLVD. BLDG. 21. SUITE 102 BLDG. 21. SUITE 102 CORAL SPRINGS FL 33065-7322											
					3. Date Incorporated or Qualified 09/05/1996	3a. Date of Last Report					
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number		7	Applied For			
7 4721	Arsor Oaks 14 4107	26			Applied		١	Not Applicable			
Suite, Apt.	27				5. Certificate of Status Desired		\$8.75 Addition				
Sty & State City & State 28 City & State			· Imgilians semana mana-mana-		6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe			d to Fees			
4 334	100 7 700 1	Zip 29	Countr 30	Florida Statutes Yes No							
	g. Name and Address of Current	Registered Agent	l <u>-</u> ,	1 5	10. Name and Address of New R	egistered /	lgent				
	FE, LARRY		81	Name							
200 A JOHN KNOX ROAD TALLAHASSEE FL 32303-8643			82		Street Address (P.O. Box Number is Not Acceptable)						
; . · •			83	'							
-			84	City			85 Zir	Code			
dd Durauant	to the provinces of Sections 607 0000	and 607 1500 Florida Platic	loo the et-	lo nomad :	corporation submits this statement for the	<u> </u>	abanala :	ito ropintaria			
office or r agent. I a SIGNATURE	egistered agent, or both, in the State of mamiliar with, and accept the obligations are signature, typed or printed name of registered agent.	ions of, Section 607.0505, Fl	lorida Statute	s.	oration's board of directors. I hereby acce	pt the app	ointment a	s registered			
12.	OFFICERS AND		13.	Jeni a gridiore r	ADDITIONS/CHANGES TO OFFI		DIRECTO	DRS IN 12			
TITLE	D	DELETE	1.1 TITLE	····	President	02.1071110	Change				
NAME	CHATOFF, HOWARD	_	1.2 NAME	l	Shotzel Howard						
STREET ADDRESS	AATTA MARKA DALA DALA DALA DALA AA			T ADDRESS	9721 Arborato An Hurz)					
HTY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 City-	ST-ZIP	Bour Rator, Pl 3342	8					
ITLE	D	DELETE	2.1 TITLE				☐ Change	Addition			
NAME	CHATOFF, WILLIAM		2.2 NAME								
STREET ADDRESS	AARAA BOUAL BALKA BILDE BI BO AA GUIYEE AAA			1 ADDRESS							
CITY-ST-ZIP	OORAL SPRINGS FL 33065		2. 4 CITY	l l							
ITLE		☐ DELETE	3.1 711LE				☐ Change	Addition			
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREE	1 ADDRESS							
ATY-ST-ZIP			3.4. CITY	S1-ZIP							
ITLE		☐ DELETE	4.1 THILE				Change	Addition			
iame			4. 2 NAM	:							
STREET ADDRESS			4.3 STREE	T ADDRESS							
XTY-ST-ZIP			4.4 DITY-	ST-ZIP				· · ·			
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IAME			52 NAME				0.1	κ_{n} ' κ_{1}			
STREET ADDRESS	* * * * * * * * * * * * * * * * * * * *		5 3 STREE	1 ADDRESS			~	$\kappa_{n}^{\mathcal{N}_{\mathcal{N}}}$			
CITY-ST-ZIP			5.4 CHY-	ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE	1	والمراجع والمتعدد		☐ Change	Addition			
NAME			6.2 NAME	}	4000021 9 -04/22/97010		r ich				
STREET ADDRESS			6.3 STREE	T ADDRESS	-04/22/3f01U	56UI	, D				
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	***165.00						

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 economic rustee 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.

661-479-486