SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

127 W FAIRBANKS AVE

WINTER PARK FL 32789

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT'OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$96000092786 (8)

JHF ASSOCIATES, INC.

Principal Place of Business 127 W FAIRBANKS AVE

WINTER PARK FL 32789

11/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3409637 Not Applicable Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 CK & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes \(\sigma\) No 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FUSSELL FRANK L. 127 W FAJIRBANKS AVE Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 83 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 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE CR2E034 (5/98) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 1.1 TITLE TITLE __ DELETE FUSSELL, L. FRANK NAME 1.2 NAME 105 LAUREL OAK DR STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL 32779 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change Addition FUSSELL, HOLLY S NAME 2.2 NAME 105 LAUREL OAK DR STREET ADDRESS 2.3 STREET ADDRESS LONGWOOD FL 32779 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 4.1 TITLE DELETE Addition NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. 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 all officers with an address. nged, or on an attaching on with an address.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

DELETE

.FRANKFUSSELL MESIDENT

800002602198 -07/30/98--01008--009

***150.00

Change Addition

FILED

Jul 22 1998 8:00am

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Secretary of State

Page 2

July 17, 1998

Attn.: Annual Reports
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Request for waiver of penalty fee

Since we are in good standing with all State and Federal entities, and every effort has been made to comply with the filing requirements after receiving notification, please waive the penalty portion and accept the attached check.

Thank you for your help.

JHF Associates, Inc.

L. Frank Fussell

All Commences