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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 P96000102478

J & H ENTERPRISE INC.

Principal Place of Business Mailing Address

25

7100 WEST CAMINO REAL

BOCA RATON FL 33433

7100 WEST CAMINO REAL

SUITE 123 BOCA RATCH FL 33433

1750

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23

2. Principal Place of Business

BRITT, JOHN J

SUITE 123

7100 WEST CAMINO REAL

SUITE 123

BOCA RATON FL 33433

2a. Mailing Address

City & State

28

29

9. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90163 048 ***150.00

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	DO.NOT WRI	TE IN TI	IIS SPACE			
3.	Date Incorporated or Qualifed 12/18/1996					
4.	FEI Number	-		Applied For		
	65-0716206			No: Applicable		
5.	Certifcate of Status Desired			\$8.75 Additional Fee Required		
6.	Electicin Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees		
8.	This corporation owes the current year Intangible					

Personal Property Tax.

Street Address (P.O. Bo). Number is Not Acceptable)

10. Name and Address of New Registered Agent

					<u> </u>					
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.										
SIGNATUF.E Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating) DATE DATE										
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS	CHANGES TO OFF	CERS AND DIRECTOR					
TITLE	D DELETE	1.1 TITLE			☐ Change	☐ Addition				
NAME	BRITT, JOHN J	12 NAME								
STREET ADDRESS	984 E. JEFFREY ST.	1.3 STREET ADDRESS								
CITY-ST-ZIP	BOCA RATON FL 33487	1.4 CITY-ST-ZIP	`							
TITLE	D DELETE	2.1 TITLE			☐ Change	Addition				
NAME	GARCIA, HECTOR L	2.2 NAME								
STREET ADDRESS	187 N.W. 143RD ST.	2.3 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL 33168	2 4 CITY-ST-ZIP		_						
TITLE	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition				
NAME		3.2 NAME				i				
STREET ADDRESS		3.3 STREET ADDRESS		•						
CITY-ST-ZIP		3.4. CITY-ST-ZIP								
TITLE	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition				
NAME '		4 2 NAME	Į.							
STREET ADDRESS		4.3 STREET ADDRESS								
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<u> </u>		<u> </u>					
TITLE	☐ DELETE	5.1 TITLE			Change	Addition				
NAME		5.2 NAME								
STREET ADDRE 3S		5.3 STREET ADDRESS				ļ				
CITY-ST-ZIP	<u> </u>	5.4 CITY-ST-ZIP	<u> </u>		· · · · · · · · · · · · · · · · · · ·					
TITLE	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition				
NAME		6.2 NAME								
STREET ADDRE IS		6.3 STREET ADDRESS								
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1	_						

Country

81 Name

82

84 City

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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 them 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, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR I RINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/2, Daytime

:R2E034 (11/98

⊒No

85 Zip Code