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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P97000024413 (1) DOCUMENT # 1. Corporation Name

H J.S. ENTERPRISES, INC.

FILED Apr 22 1998 8:00am Secretary of State



| Principal Place of Busin | ess | Mailing Address | | | | | | |
|--|--|--|--|--|---|-----------------|--------------------------------------|--|
| 12055 HAMMOCK OAK | | 12055 HAMMOCK OAKS | | | | | | |
| JACKSONVILLE FL 322 | 23 | JACKSONVILLE FL 32223 | 3 | | DO NOT V | WRITE IN THIS S | SPACE | |
| | | | | | 3. Date Incorporated or Qual | | | |
| | | | | | 03/10/1997 | | | |
| 2. Principal Place of Bu | isiness 0 1 | 2a. Mailing Address | | | 4. FEI Number | | Ar | plied For |
| 27 4100 Bcl. | fort 12d | 26 SAME | | | 59-343 | 6177 | No | t Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desire | ed [] | \$8.75 | Additional |
| 22 # 2 | | 27 | | | S. Certificate of Status Desire | ,,, | Fee Re | equired |
| City & State | ·11. | City & State | | | 6. Election Campaign Finance | | \$5.00 | May Be |
| B JAKKSON | | 28 | r <u>-</u> | | Trust Fund Contribution | | | lo Fees |
| al 32216 | Country | Zip | Country | | 8. This corporation owes or h | | _ | |
| <u> </u> | me and Address of Curre | | 30 | | Personal Property Tax due 10. Name and Address of No | | |] No |
| ZAROU, H | | au uedistalen wäelit | 81 | Name | (U. Name and Address of No | in unfisionen i | Agent. | |
| | MMOCK OAKS DR. | | | 1100 | · | | | |
| | ILLE FL 32223 | | 82 | Street Add | dress (P.O. Box Number is Not Acc | eptable) | | |
| UNCHOOIT | HULL I L SEEES | | 63 | | | | | |
| | | | | | | | | |
| | | | 84 | City | | FL | 85 Zip | Code |
| 11. Pursuant to the pro | visions of Sections 607 05 | 02 and 607 1508. Florida Statute | as the above- | named cor | rporation submits this statement for | the purpose of | changing if | s registerer |
| office or registered | agent, or both, in the State | e of Florida. Such change was ε | authorized by t | he corpora | ation's board of directors. I hereby | accept the app | ointment as | registered |
| agent. I am targiya | | E | orida Statutes. | | | 4/15/ | a O | |
| ومواسقيب | | h Tawk | | | | יוכיור | 770 | |
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| SIGNATURE Signature, ly | ped or printed name of registered ag | | Registered Agent | signature requ | uired when reinstating) ADDITIONS/CHANGES TO | DATE | | S IN 12 |
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| SIGNATURE Signature by 12. | ped or proled name of registered ag OFFICERS AN | gent and little if applicable (NOTE ND DIRECTORS DELETE | 13. | signature requ | | DATE | DIRECTOR | |
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