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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000071475**1. Corporation Name

JTH OF SOUTH FLORIDA, INC.

FILED Mar 08, 1999 8:00 am Secretary of State 03-08-1999 90070 025 ***150.00



Principal Place	e of Business	Mailing Address					.101 68 00 98)10 18	### (1### WI##	(1888) Biri (89)	
757 SOUTHEAST 17TH STREET POST OFFICE BOX 39602										
SUITE 250		FORT LAUDERDALE FL 33:	339			BO NOT WE	TE (N. T.U.C.)	CDACE		
FORT LAUDERDALE FL 33316				~		DO NOT WRI 3. Date Incorporated or Qualified		SPACE TO		
						08/18/1997				
n Dalasia I Di	lean of Business	2a, Mailing Address				4. FEI Number		\Box	pplied For	
2. Principal Pi	C SW 2015 ST.	2a. Mailing Address	20th	off ST.		65-0775446			ot Applicable	
21 9 100-1	 	Suite, Apt. #, etc.				05-07-75440	<u>·</u>		Additional	
22 27						5. Certifcate of Status Desired		Fee Required		
City & State	Inidedale, Fl	28 For Lowadale Fl			G. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip	Country	Zip 22 2 1 1		intry		8. This corporation owes the cur	ent year Inta		~/	
24 33334	25 USA	29 777747	[30]	5A		Personal Property Tax.		☐Yes	₽No	
	9. Name and Address of Current	Registered Agent		104		10. Name and Address of New	Registered A	gent		
11634	MATAL ITT			81	Name 3	ref HANNEN				
HAMMEN, JEFF				82	Street Add	lress (P.O. Box Number is Not Accept	able)			
	NE 42ND COURT				9106-	(5W 200 ST				
FUH	T LAUDERDALE FL 33308			83					•	
				84	City /			85 Zip	Code	
	_				FAT	Landerdole	<u> </u>		<i></i>	
office or a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiac with, and accept the obligation	if Florida. Such change was a	authorize	d by ti	named cor he corporat	poration submits this statement for the ion's board of directors. I hereby acce	purpose of copt the appoin	thanging its itment as n	s registered egistered	
SIGNATURE	111/12	-				L	The !	4		
SIGNATURE	Signature appear or printed name of registered agent		: Registered	1 Agent	signature requir	ed when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AND			
TITLE	PSTD	☐ DELETE	1.1 Ti	TLE		Misided Charles		☐ Change	☐ Addition	
NAME	HAMMEN, JEFFREY T		1.2 N	AME		Selfrey To HAMMEN				
STREET ADDRESS	757 SW 17TH ST, STE 250		1.3 5	TREET	ADDRESS 6	4106-6 SW 20th ST. EXT CADURAL, FI 33324				
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		1.4 C	ITY-ST-	ZIP 🗗	at Laderdal, 11 35027			- A 44%	
TITLE		☐ DELETE	2.1 Ti	TLE				☐ Change	☐ Addition	
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TITLE		☐ DELETE	3.1 TI	ITLE				☐ Change	Addition	
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NAME			4.21	MAME		· ·				
STREET ADDRESS	• •		4.3 S	TREET	ADDRESS					
CITY-ST-ZIP			4.4 C	ITY-ST-	- ZIP					
TITLE		☐ DELETE	5.1 T			and the second second	·	Change	☐ Addition	
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STREET ADDRESS			5.3 ST		ADDRESS			☐ Change		
CITY-ST-ZIP			5.4 C	ITY-ST	ZIP					
TITLE		☐ DELETE	6.1 T	TLE				☐ Change	Addition	
NAME			6.2 N	AME						
STREET ADDRESS			6.3 S	TREET	ADDRESS					
			840	ITV. et	750					

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: