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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mörtham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000089492 (7)

JHB TELECOMMUNICATIONS, INC.

HLED

98 OCT 20 AM 9: 49

SECREIANT OF STATE TALLAMASSEE, FLORIDA



703-07-07-7 CLEARWATER FL-337565507 I4SS WICKLOW DRIVE PALM HARBOR, FL 34684		763-CT-ST. CLEARWATER FL-33756-5507- 1455 WICKLOW DRIVE PALM HARBOR, FL 34684				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
2. Principal Place of Busin		2a. Mailing Address			1 0 0 7-6	10/17/1997 4. FEL Number 4 7 7 3 6 Applied For Not Applicable
21		26				39 3917736 Applicable Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip Cour		ntry		8. This corporation owes or has paid the current year intangible
	25	29	30			Personal Property Tax due June 30. Yes No
					10. Name and Address of New Registered Agent	
JENNINGS, THOMAS C III 700 CT. S T. 703 Coルナナ Sナ				81 Name		
	J -		82	Street Address (P.O. Box Number is Not Acceptable)		
CLEARWATER I	_					
			83			
			Ţ	84	City	FL 85 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						
Signatury typed or printed name of registered agent and title if applicable. (NOTE/registered Agent signature required when reinstalling) DATE						
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PST	1	DELETE	1,1 TITL		_	Change Addition
Told Beninson				2 NAME		9000026745894
314EC ALCAZOS 1455 (اددارس عدر	n	1,3 STR	EETA	NDORESS	-10/2879801067011
CITY-ST-ZIP PAM	Horley 71.340		1,4 CIT		ZIP	****550.00 <u>****550.00</u>
TITLE	DELETE			2.1 TITLE		Change Addition
NAME			2.2 NAN			
STREET ADORESS					ADDRESS	
CITY-ST-ZIP			2.4 CIT		ZiP	
TITLE		DELETE	3.1 TITL			Change Addition
N.P.AE			3,2 NAN			
STREET ADDRESS					ODRESS	
CITY-ST-ZIP	<u>_</u>		3.4 CIT		ZIP -	
TITLE		L DELETE	4.1 TITL			Change Addition
NAME			4.2 NAN	_		
STREET ADDRESS			1		DDRESS	
CITY-ST-ZIP			4.4 CITY		ZIP	
TITLE		DELETE	5.1 TITL			Change Aglition
NAME			5.2 NAM			11, 26-10
STREET ADDRESS					DDRESS	9 70 - 10
CITY-ST-ZIP			5.4 CITY		ZIP	
TITLE		DELETE	6.1 TITL			Change Addition
NAME 6.2 NA						
STREET ADDRESS			6,3 STRI	EET A	DORESS	

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.

SIGNATURE:

SIGNATURE REQUIRED

10 1 4 9 8 3 2 76 16

SIGNATURE: