1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000030095

1. Corporation Name

JHF ENTERPRISES, INC.

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90063 030 \*\*\*150.00



				i				
Principal Place of Business Mailing Address					#			
222 SW 11TH PL. 222 SW 11TH PL.								
BOCA RATON FL 33432 BOCA RATON FL 33432					DO NOT WRITE IN THIS SPACE			
					Date Incorporated or Qualifed		OI MOL	
				1	03/31/1998			
2. Principal Place of Business	2a, Mailing Address				4. FEI Number		Ap	plied For
21 S815 S. Divie Huy	' // 🗁 🚉				65.0824169		No	t Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.							\$8.75	Additional
22 AL S					5. Certificate of Status Desired	<u> </u>	Fee Re	quired
City & State City & State					6. Election Campaign Financing		\$5.00	7
23 West Palm Beach 41	28				Trust Fund Contribution		Added t	o Fees
Zip Country	Zip	_ Country	y		8. This corporation owes the current	nt year Int		
24 33 405 25 U.S.A	29 30				Personal Property Tax.		Yes	No
9. Name and Address of Curre	nt Registered Agent	81	Name		10. Name and Address of New Re	gistered	Agent	
FRELICH, JASON		ا ا		1	/A			
5815 S. DIXIE HWY., #5			Street A	Addrés	ss (P.O. Box Number is Not Acceptab	ole)		Ì
WEST PALM BEACH FL 33405		83	<del>}</del>					$\longrightarrow$
THE THE PLANT OF THE COLUMN		0.	1					
		84	City			FL	85 Zip (	Code
11. Pursuant to the provisions of Sections 607.050	02 and 607 1509 Elegida Statutos	the abov	e named (	como	ration submits this statement for the c	ournose of	changing its	registered
1 office or registered agent or both, in the State	e of Florida. Such change was auth	ionzea bi	/ the corpo	oration	i's board of directors. I hereby accept	the appoin	ntment as re-	gistered
agent. I am familial with, and accept the oblig	ations of, Section 607.0505, Florida	a Statute	s.			1- 29	GC,	
SIGNATURE Agrature, typed or printed name of registered age	on Jesiden T	nistered And	nt signature re	equired v	when reinstating)	DATE	- /-/	<del></del>
	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECTO	RS IN 12
TITLE Dresicht	DELETE	1.1 TITLE		2	P		Change	☐ Addition
NAME FRELICH, JASON					n E			
STREET ADDRESS 2561 S. OCEAN BLVD., #9	i	1.3 STREE	TADDRESS	22	25w 114 PL.			1
CITY-ST-ZIP BOCA RATON FL 33432		1.4 CITY-1	ST-ZIP	Box	25w 114 PL.	2		
TITLE	☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME FREELY 37-33		2.2 NAME	<u> </u>					Ì
	RESS		2.3 STREET ADORESS					
CITY-ST-ZIP	<u></u>	2. 4 CITY-	ST-ZIP					
TITLE	DELETE 3.11		3.1 TITLE				☐ Change	☐ Addition
NAME		3.2 NAME						
STREET ADDRESS		33 STREE	ET ADDRESS					
CITY-ST-ZIP		3.4. CITY-		<u></u>				
THLE	☐ DELETE	4.1 TITLE					□ Change	Addition )
NAME		4. 2 NAME	·					1
STREET ADDRESS		4.3 STRE	ET ADDRESS					Ì
CITY-ST-ZIP		4.4 CITY-					Channe	Addition
TITLE	☐ DELETE	5.1 TITLE					Change	☐ Addition
NAMÉ		5.2 NAME						
STREET ADDRESS		1	ET ADDRESS				r	
CITY-ST-ZIP	- Delete	5.4 CITY- 6.1 TITLE					[] Change	Addition
TITLE	☐ DELETE	6.2 NAME		l			- Suarige	, (Galaci)
NAME								
STREET ADDRESS			ET ADDRESS					
CITY-ST-ZIP		6.4 CITY-	51.EL	1				

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: