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FILE NOW: FILING FEE AFTER MAY 1ST IS	<b>\$</b> 550.00
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PROFIT CORPORATION ANNUAL REPORT			FLORIDA DEPARTMENT OF STATE				FILED		
			Katherine Harris				LIFCO		
				Secretary of State DIVISION OF CORPORATIONS				99 JUL - 1 AM 8: 22	
	1999				DIVISION OF C	URPURATIONS	· · ·-	22 SOL 1 KH 0. ZZ	
DOCUMENT # PROCESSONS					05			CONTRACT OF STATE	
					40			ELLA DARY OF STATE UNU ALLASSEE, FLORIZA	
	JHF	Enter	prises	Inc.	•				
								»(	
Principal Place	e of Business	5		Mailing /	Address				
								DO NOT WRITE IN THIS SPACE	
								3. Date incorporated or Qualifed	Ì
2. Principal P	lace of Busin	000		2a Maili	no Address			3/31/98 4. FEI Number   Applied For	-
			ww.	2a. Mailing Address				4. FEI Number Applied For 65 – 0824169 Not Applicable	1
21 5815 S. Dixie Hwy. Suite, Apt. #, etc.			26 5295 Greenwich Rd. Suite, Apt. #, etc.				\$8.75 Additional	1	
22 #5				27 St	te. 108			5. Certificate of Status Desired Fee Required	
City & Stat				— ·	& State			6. Election Campaign Financing \$5.00 May Be	
23 West Zip	Palm	Beach Country		28  <b>V 1 1</b>   Zip	<u>rginia B</u>	each, VI	<u>4</u>	Trust Fund Contribution Added to Fees	-
24 3340!	5	25		29 234	162	30		8. This corporation owes the current year Intangible Personal Property Tax.   Yes   No	
24 3340.			s of Current F					10. Name and Address of New Registered Agent	
T	D 1 4	-1-				81 Na	me CT	Corporation System	
	Freli S. Dix		#5			82 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)	1
	_		y. #3 FL 334	105			120	O South Pine Island Road	-
webe .		,	111 95	.03		83			
						84 Cit	y1	antation FL 85 Zip Code 333324	1
11. Pursuant	to the provisi	ons of Secti	ons 607.050¢ a	and 607.150	)8 Florida Statute	s the above-nar	ned corno	antation FL 33324	1
office or re	egistered age	ent, or both,	in the State of	Florida, Suc	ch change was au	ithorized by the c	orporation	oration submits this statement for the purpose of changing its registered in a board of directors. I hereby accept the appointment as registered	1
SIGNATURE	15	11100			Ellin	isa Statolou.		6/29/99	
	Signature, Toke		Appended any	nd price of strayion	esiden		7770	DATE	ĺά
12.	<del></del>		FICERS AND	DIRECTOR	DELETE	13.	-/-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	8
TITLE NAME	P/S/T				X	11 TITLE 1.2 NAME		/D/ ———————————————————————————————————	1
STREET ADDRESS		Frel				1.3 STREET ADDR		295 Greenwich Rd., Ste. 108	8
CITY-ST-ZIP			1th Pla <u>FL 33</u>			1.4 CITY-ST-ZIP		rginia Beach, VA 23462	2
TITLE	.buca_	Nacon	<del>4_1:11_3.;</del>	1475—	DELETE	21 TITLE		T/D Change Addition	2
NAME	ĺ					2.2 NAME	Ta	ami Van Gorder	ĺ
STREET ADDRESS						2 3 STREET ADOR	ESS 52	295 Greenwich Rd., Ste. 108	
CITY-ST-ZIP					- Flores	2.4 CITY-ST-ZIP	Vi	rginia Beach, VA 23462	-
TITLE					DELETE	31 TITLE	- }	Change Addition	{
NAME STREET ADDRESS						3.2 NAME 3.3 STREET ADDR	rec		ľ
CITY-ST-ZIP						3.4. CITY-ST-ZIP	E 300		
TITLE					DELETE	4.1 TITLE		[] Change [] Addition	1
NAME						4. 2 NAME		5000029297657	
STREET ADDRESS						4.3 STREET ADDR	ESS	-07/13/9901034020	
CITY-ST-ZIP					<u></u>	4.4 CITY-ST-ZIP		******£1 <u>.25</u> **** <u>**</u> £1 <u>.25</u>	
TITLE					☐ DELETE	51 TITLE	J	☐ Change ☐ Addition	]
NAME						5.2 NAME 5.3 STREET ADDR			
STREET ADDRESS						5.4 City-St-ZiP	E33		
CITY-ST-ZIP TITLE					DELETE	61 TITLE		☐ Change ☐ Addition	ł
NAME						62 NAME		Towns. Through	
STREET ADDRESS						6 3 STREET ADDR	E <b>S</b> S	/	
CITY-ST-ZIP						6.4 CITY-ST-ZIP		10/00	}
14. I hereby o	ertify that the	information	Supplied with	his filing de	es not qualify for	the exemption st	ated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the loof flation shall have the same legal effect as if made under oath, that I lam ap	١
Officer or o	director of the	channed h	or be leceive	(A)	empowered to ex	ecute this report	as require	scient 119.07(3)(i). Florida Statutes. I further certify that the jolotripanot shall have the same legal effect as if made under oath, that I am appears in the property of th	ر م
		Samuel Co.	V (V) (7)	( "	230.000, 41111 811	17,	Z	1-20 09	, .
SIGNAT	URE: _		12	VII	or around series	<u> </u>	W	6-30-99 757-499-1124 Date Dayling Phone # Ed 203	^ ^
		BIGNATUR	AND TYPED OR PE	ом жырымже (	OF SIGNING OFFICER	DR DIRECTOR 🔰		Date Daytime Phone #	2