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

FILED
99 MAR 22 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000049172

1. Corporation Name

H.J.M.'ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5171 S. JOHN YOUNG PARKWAY ORLANDO, FL 32839	5171 S. JOHN YOUNG PKWY ORLANDO, FL 32839

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5/29/98

4. FEI Number: 59-3514738 (Applied For / Not Applicable)

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 5380 S. JOHN YOUNG PKWY	26 5380 S. JOHN YOUNG PKWY
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL
Zip / Country 24 32839 25	Zip / Country 29 32839 30

9. Name and Address of Current Registered Agent

HUSAM J. MAALI
5171 S. JOHN YOUNG PARKWAY
ORLANDO, FL 32839

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT/DIRECTOR [ ] DELETE	11 TITLE	VICE PRESIDENT/DIRECTOR [ ] Change [X] Add
NAME	HUSAM J. MAALI	12 NAME	JAMIL MAALI
STREET ADDRESS	5171 S. JOHN YOUNG PARKWAY	13 STREET ADDRESS	9942 BAY BUENA VISTA ESTATES BLVD.
CITY-ST-ZIP	ORLANDO, FL 32839	14 CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	[ ] DELETE	21 TITLE	[ ] Change [ ] Add
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	[ ] DELETE	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	[ ] DELETE	41 TITLE	[ ] Change [ ] Add
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Add
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Add
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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****150.00 ****150.00

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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: Jamil Maali 3/8/99 (407)352-7006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #