FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

S58281 DOCUMENT #
1. Corporation Name

(4)

JHF, INC.

Principal Place of Business

Muring Address



333 NW 47 CT FT LAUDERDALE FL 33309			333 NW 47 CT FT LAUDERDALE FL 33309			
					3. Date incorporated or Qualified 06/10/1991	3a. Date of Last Report 06/23/1995
2. Principal Pia	ice of Business	2a, Mailing Addr	a. Mailing Address		4. FEI Number	Applied For
21		26	26		65-0267397	Not Applicable
Suite, Apt. #, etc. 22		Suite Apt. #			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Z ip	Country Zip Country		try	8. This corporation has liability for in		
24	25	29	[30]		Florida Statutes Yes 10. Name and Address of New Re	
	9. Name and Address of Currer	nt Hegistered Agent		Mame	10. Name and Address of New Ro	egistered Agent
CHADI	DO VENNETLI W		"	1 Manne		
	RO, KENNETH W		82 Street A		ddress (P.O. Box Number is Not Acceptable)	
SUITE	E THIRD AVE		+	33		
	JDERDALE FL 33301					
, FI LA	ONTUNET IF OOM		Ţ.	34 City		FI 85 Zip Code
* familiar wit SIGNATURE	h, and accept the obligations of, Sec Surature typer or protein an electric super-	tion 607.0505, Florida	Statutes.			DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
TITLE	D	[]] DEI	.ETE 1.1 TU	.E		Change Addition
NAME	FOX, JOHN H 333 NW 47 CT		1 2 NAN	^r E		
STREET ADDRESS			1.3 S/R	EFT APORESS		
CITY - ST - ZIP	FT LAUDERDALE FL			r - S1 - ZIP		
TITLE		DEC		j		Change Addition
NAME			2.2 NAN			
STREET ADDRESS				EET ADDRESS		
CITY - ST - Z/P				(- ST - ZIP		Change Add-tion
NAME			3 2 NAN			
STREET ADDRESS				REFT ADDRESS		
CITY - ST - ZIP				r-ST-ZIP		
TITLE		[] D£:	EIE 4 1 TIT	Lf		Change Addition
NAME			4.2 NA	Αſ		
STREET ADDRESS			435'H	EET ADDRESS		
CITY - S1 - ZIP				Y-SI-20		
TITLE		<u> </u>	LETE 5 LTIF	LF		Change Addition
NAME			5.2 NA*	ļ		
STREET ADDRESS				EET ADORESS		
CITY-ST-ZIP		E) Ar		Y - SI - 7/P		Chapea Addisa
TITLE		<u>□</u> 08:		ĺ		Change Addition
NAME			6.2 NAI			
STREET ADDRESS			■ b.3.51F	EE1 ADDRESS		
CITY-ST-ZIP				Y · ST - ZIP		

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:

SIGNING OFFICER OR DIRECTOR SIGNATURE AND

4-28-96 9547714990