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**

DOCUMENT # \$64808

1. Corporation Name

JKH AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address .	
12935 W. DIXIE HIGHWAY NORTH MIAMI FL 33161	12935 W. DIXIE HIGHWAY NORTH MIAMI FL 33161 DO NOT	
		3. Date Incorporated or Qualifed 07/02/1991
2. Principal Place of Business	2a. Mailing Address 26	4. FEI Number 65-0273159
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired
City & State	City & State	6: Election Campaign Financing Trust Fund Contribution Ad
Zip Country	Zip Country	This corporation owes the current year Intangible Personal Property Tax. Yes

Apr 13, 1999 8:00 am Secretary of State 04-13-1999 90100 028 ***150.00



Applied For Not Applicable

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

[] No

X Yes

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
			81	Name	,		
	eman, jackie d		82	Street	t Address (P.O. Box Number is Not Acceptable)	\dashv	
	15 W DIXIE HWY		02	Sueer	Address (F.O. Box Number is Not Acceptable)		
N M	IAMI FL 33161		83		•		
					[5-] 7 0.4		
			84	City	FL 85 Zip Code		
office or re	to the provisions of Sections 607.0502 and 6 egistered agent, or both, in the State of Floric m familiar with, and accept the obligations of,	ia. Such change was auth	orized by	the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	id	
DIDIVATORE	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Re	gistered Ager	nt signature i	required when reinstating) DATE	1	
12.	OFFICERS AND DIRE		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	□ DELETE	1.1 TITLE		☐ Change ☐ Add	lition	
NAME	HOLEMAN, MARY		1.2 NAME			-	
STREET ADDRESS	12935 W. DIXIE HIGHWAY		1.3 STREET	TADDRESS	3	1	
CITY-ST-ZIP	NORTH MIAMI FL		1.4 CITY-S	T-ZiP			
TITLE	D	☐ DELETE	2.1 TITLE		Change Add	lition	
NAME	HOLEMAN, JACKIE		2.2 NAME			-	
STREET ADDRESS	12935 W. DIXIE HIGHWAY		2.3 STREET	TADDRESS	3	-	
CITY-ST-ZIP	NORTH MIAMI FL		2. 4 CITY-S	T-ZIP			
TITLE	12.00	DELETE	3.1 TITLE		Change Add	lition	
NAME .	· •		3.2 NAME		•	-	
STREET ADDRESS			3.3 STREET	ADDRESS	s	Ì	
CITY-ST-ZIP			3.4. CITY-S	T-21P			
TITLE	1.2.14.19	☐ DELETE	4.1 TITLE		☐ Change ☐ Add	dition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	TADORESS	3	{	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	•		
TITLE		☐ DELETE	5.1 TITLE		Change Add	dition	
NAME			5.2 NAME			l	
STREET ADDRESS			5.3 STREET	TADORESS	3		
CITY-ST-ZIP			5.4 CITY-S	T- ZIP			
TITLE	***	☐ DELETE	6.1 TITLE		Change Add	ition	
NAME	·		6.2 NAME				
STREET ADDRESS			6.3 STREET	TADORESS	3		
CITY-ST-ZIP	<u>.</u>		6.4 CITY-S	T-ZIP			
14. I hereby o	certify that the information supplied with this fi	ling does not qualify for th	e exempti	ion state	ed in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio	חג	

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.