

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K51632

(3)

1. Corporation Name

JEFF RZEPKO, INC.



Principal Place of Business

% JEFF RZEPKO
36 N.E. 1ST STREET
MIAMI FL 33132

Mailing Address

% JEFF RZEPKO
36 N.E. 1ST STREET
MIAMI FL 33132

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

RZEPKO, JEFF
36 N.E. 1ST STREET
MIAMI FL 33132

3. Date Incorporated or Qualified
12/15/1988

3a. Date of Last Report
02/02/1995

4. FEI Number
65-0093007

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 of person or persons filing this report and of all directors

(NOTE: Registered Agent Signature Required When Resigning)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.

OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PVT
RZEPKO, JEFF
36 N.E. 1ST ST.
MIAMI FL

2. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD
RZEPKO, JEFF
36 N.E. 1ST ST.
MIAMI FL

3. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

169 E Flagler street #1022
Miami - FL - 33131

300001823413
-05/15/96-01126-026
***200.00

S-J-96
Jk

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/96

(65)374-0449

0136533

CP

CR2E034 (12/95)