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 # **P92000008539**1. Corporation Name

THE JEFFREY FUTERNICK COMPANY

Principal Place				alling Address		_			
12300 N.W. 32 AVE. 12300 N.W. 32 AV MIAMI FL 33167 MIAMI FL 33167									
MIAMITE SSTO7								DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualifed	
					_	_		12/02/1992	
2Principal Place of Business				-2a:-Mailing-Address				4. FEI Number Applied Por	_
21				26				65-0374844 Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State				City & State				6. Election Campaign Financing S5.00 May 8e	
23				28				Trust Fund Contribution Added to Fees	
Zip Country			1201	Zip Coun				8. This corporation owes the current year Intangible	
24	¬ '		29 30]		Personal Property Tax.	
9. Name and Address of Cur						L		10. Name and Address of New Registered Agent	
	******		•	 -		81	Name		
FUTERNICK, JEFFREY 12300 N.W. 32 AVE.				•			Street Add	Iress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33167				•			-		
						84	City	FL 85 Zip Code	
office or re agent. 1 as SIGNATURE	egistered ag m familiar wi	ent, or both, in the State th, and accept the oblig	of Florions of	da. Such change was a , Section 607.0505, Flo	uthoriz rida Si	ed by tatutes	the corporation	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
12.	Signature, typed	or printed name of registered ag OFFICERS A			1	<u>_</u>	it aightature roduile	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ç
TITLE	PDS					I TITLE		Change Addition	3
NAME					1.2 NAME			;	
STREET ADDRESS				1.3 \$			ADDRESS		ì
CITY-ST-ZIP	MIAMI FL				1/	CITY-S	T-ZIP		í
TITLE	11,11,11,11,11				TITLE		☐ Change ☐ Addition	(
NAME.					2.2 NAME				
STREET ADDRESS					2.3	STREET	ADDRESS	•	
CITY+ST-ZIP				.	2.	4 CITY-S	IT-ZIP		
TITLE				☐ DELETE	3.	I TITLE		☐ Change ☐ Addition	
NAME.					3.3	2 NAME	J		
STREET ADDRESS					3.3	STREET	ADDRESS		
CITY-ST-ZIP					3.4	LCITY-S	IT-ZIP		
TITLE				☐ DELETE	4.	1 TITLE		☐ Change ☐ Addition	
NAME					4.	2 NAME			
STREET ADDRESS					4.3	3 STREET	T ADDRESS		
CITY-ST-ZIP					4.	4 CITY-S	T-ZIP		
TITLE	1			☐ DELETE	5.	1 TITLE		☐ Change ☐ Addition	
NAME					5.3	2 NAME		·	
STREET ADDRESS					5.	3 STREET	T ADDRESS		
CITY OT 71D	•				5.	4 CITY-S	T-ZIP		

14. I hereby certify that the information supplied with this filling 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 office like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

Addition

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90091 024 ***150.00