FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 15 1998 8:00am Corretory of State

	1990	DIVISION	OF CORPORATIONS		or State
1. Corporation	2411468146	00073505 (6	3)	-	
JIMBO CORPORATION					
Delevised Bloc		Matter Address	·		
Principal Place of Business Mailing Address				Į.	
312 S CONGRESS AVE P O BOX 18335 W PLAM BEACH FL 33406 W PALM EBACH FL 33416			3416		
US		US		DO NOT WRITE IN TH	IS SPACE
į.				3. Date incorporated or Qualified	ļ
2 Principal F	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	09/22/1995 4. FEI Number	Applied For
21 26			65-0618690	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			4.	\$8.75 Additional	
22 27				5. Certificate of Status Desired	Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Country 30	 This corporation owes or has paid the operation of the Personal Property Tax due June 30. 	current year Intangible
241	9, Name and Address of Curr		[30]	10. Name and Address of New Registere	
PL	JMPHREY, GERALD R		81 Name		
11000 PROSPERITY FARMS ROAD SUITE300 82 5			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
PALM BEACH GARDENS FL					
			84 City		85 Zip Code
				F	L -
11. Pursuant office or agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 607.1508, Florida Sta ite of Florida. Such change we ligations of, Section 607.0505,	ttutes, the above-named col as authorized by the corpora Florida Statutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE	Signature, typed or printed name of registered a	Access and Maria Managements	NOTE Registered Agent signature requ	uired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSDT	☐ D£LETE	1.1 TITLE		ND DIRECTORS IN 12 S
NAME	ROSE, JAMES M		1.2 NAME		7
STREET ADDRESS	P O BOX 18335 NA		1.3 STREET ADDRESS		اِ
CITY-ST-ZIP	W PALM BEACH FL		1,4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		L Change L Addition C
NAME			2.2 NAME 2,3 STREET ADDRESS		
STREET ADDRESS CITY - ST - ZIP			2,4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		Ì
CITY-ST-ZIP			3.4. DITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TLE		Change Addition
NAME			4, 2 VAME		į.
STREET ADDRESS			4.3 TREET ADDRESS		}
CITY-ST-ZIP TITLE		DELETE	4.4 IY-ST-ZIP 5.1 ILE		Change Addition
NAME			5.2 ME		onange Addition
STREET ADDRESS			5.3 REET ADDRESS		ļ
CITY-ST-ZIP			5.4 FY-ST-ZIP		ĺ
TITLE		DELETE	6.1 LE		Change Addition
NAME			6.2 ME		
STREET ADDRESS			6 REET ADDRESS		
CITY-ST-ZIP	<u> </u>	IN the tree	6 Y - ST - ZIP	6	
 14. I hereby of indicated 	certify that the information supplied on this annual report or supplemen	with this filing does not qualify ital annual report is true and a	y for the manption stated in accurate that my signati	n Section 119.07(3)(i), Florida Statutes. I further ure shall have the same legal effect as if made i	certify that the information under oath; that I am an

indicated on this administration of supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execu Block 12 or Block 13 if changed, or on an attachment with an address.

is report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: