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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90001 025 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000055500

1. Corporation Name

JASON STEVEN DALLEY, INC.



Principal Place of Business

224 DATURA STREET
SUITE 814
WEST PALM BEACH FL 33401
US

Mailing Address

224 DATURA STREET
SUITE 814
WEST PALM BEACH FL 33401
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1997

1/1/98

4. FEI Number

65-0767245

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 224 Datura Street

Suite, Apt. #, etc.

22 Suite 515

City & State

23 West Palm Beach, FL

Zip

24 33401

Country

25 USA

2a. Mailing Address

26 224 Datura Street

Suite, Apt. #, etc.

27 Suite 515

City & State

28 West Palm Beach, FL

Zip

29 33401

Country

30 USA

9. Name and Address of Current Registered Agent

DALLEY, JASON STEVEN
224 DATURA STREET
SUITE 814
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

DALLEY, JASON STEVEN

82 Street Address (P.O. Box Number is Not Acceptable)

224 Datura Street

83

Suite 515

84 City

West Palm Beach

85

Zip Code

33401

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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14. I hereby certify that the information supplied with this filing 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 change; or, on an attachment with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/99

561-832-1901

CR2E034 (11/98)