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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # P98000001166

1. Corporation Name
JACOB'S HERITAGE INCORPORATED



Principal Place of Business: **660 N STATE ROAD 7 SUITE 1 PLANTATION FL 33317** (Handwritten: **734 N. State Rd 7 Plantation FL 33317**)

Mailing Address: **660 N STATE ROAD 7 SUITE 1 PLANTATION FL 33317** (Handwritten: **734 N State Rd 7 Plantation FL 33317**)

3. Date Incorporated or Qualified: **01/06/1998**

4. FEL Number: **650802328**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$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: **734 N. State Road 7**

2a. Mailing Address: **734 N. State Road 7**

21. Suite, Apt. #, etc.: **734 N. State Road 7**

22. Suite, Apt. #, etc.: **734 N. State Road 7**

23. City & State: **Plantation, FL**

24. Zip: **33317**

25. Country: **USA**

26. City & State: **Plantation, FL**

27. City & State: **Plantation, FL**

28. Zip: **33317**

29. Country: **USA**

30. Country: **USA**

9. Name and Address of Current Registered Agent:
BLISSETT, FRANCES
16211 NE 18 AVENUE
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent:

81. Name: _____

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

83. _____

84. City: _____

85. Zip Code: **FL**

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: *Fidel Goldson* (NOTE: Registered Agent signature required when reinstating) DATE: **1/25/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSON, FIDEL	1.2 NAME	
STREET ADDRESS	660 N STATE ROAD 7 STE 1 (Handwritten: 734 N. State Rd 7)	1.3 STREET ADDRESS	734 N. State Road 7
CITY-ST-ZIP	PLANTATION FL 33317	1.4 CITY-ST-ZIP	Plantation, FL 33317
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fidel Goldson* DATE: **1/25/99** DAYTIME PHONE #: **(954) 587-3774**

CR2E034 (11/98)