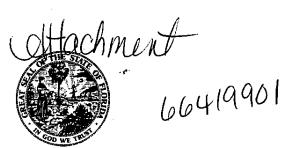
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 07, 2004 8:00 am Secretary of State

## 05-07-2004 90144 001 \*\*\*300.00 DOCUMENT # P99000023497 1. Entity Name

1	JE CORPORATION		7			
Principal Place of Business Mailing Address 1209 NORTH OLIVE AVENUE 1209 NORTH OLI W. PALM BCH, FL 33401 W. PALM BCH, FL			1	119901		18 <b>9</b> 2 11 1881
Principal Place of Business     3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	· Versal	04302004 Chg-P	CR2E034	4 (10/03)	
City & State	City & State		4. FEI Number 65-0923044			plied For t Applicable
Zip Country	Zíp ،	Country	5. Certificate of Status Desired		8.75 Add	itional
6. Name and Address of Cur	rrent Registered Agent		7. Name and Address of New I	Registered Ag	jent	
SCHWENCKE, KERRY R ESQ. 1209 NORTH OLIVE AVE		Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)			
W. PALM BCH, FL 33401	/				<del></del>	<del></del>
		City		FL	Zip Code	9
<ol><li>The above named entity submits this statement the obligations of registered agent.</li></ol>	ent for the purpose of changing it	s registered office or regist	ered agent, or both, in the State of Fi	orida. I am fai	miliar with,	and accept
SIGNATURE	agent and title sapplicable. (NO	TE: Registered Agent signature requi	red when reinstating)	1/09 DATE	<u> </u>	·····
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$5	9. Election Camp Trust Fund Cor		5.00 May Be dded to Fees		<u> </u>	
	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND D	DIRECTORS	3 IN 11
NAME STREET ADDRESS 1209 NORTH OLIVE AVENU	. □ Delete JE	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP WEST PALM BEACH, FL 33		CITY-\$T-ZIP				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		'	☐ Change	☐ Addition
TITLE NAME	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	,	STREET ADDRESS CITY-ST-ZIP	•			
TITLE NAME	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition
STREET ADDRESS		CITY-ST-ZIP				
	☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			Change	Addition

SIGNATURE: \_



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 30, 2004

THE 1209 NORTH OLIVE AVENUE CORPORATION 1209 NORTH OLIVE AVENUE W. PALM BCH, FL 33401

SUBJECT: THE 1209 NORTH OLIVE AVENUE CORPORATION Ref. Number: 199000023497

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

And the second

Letter Number: 104A00029441

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