PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90180 025 ***150.00

DOCUMENT # S09263

JAMES E		NTERPRISES, INC.			٠		•						
Principal Place of Business 5 BEACHWAY NORTH OCEAN RIDGE FL 33435 US Mailing Address 5 BEACHWAY NORTH OCEAN RIDGE FL 33435 US									DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
A 14-10- A 11									10/29/1990		1100	unlind For	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number 58-1800760		_ 	oplied For ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired	
City & State				City & State					6. Election Campaign Financing		\$5.00	May Be	
23				28					Trust Fund Contribution Added to Fees				
Zip	Zip Country						ountry		8. This corporation owes the curr	ent year Inta			
24	25 29 9. Name and Address of Current Regi				30				Personal Property Tax. 0. Name and Address of New F	Pagistared :	Yes Agent		
	9. Name	and Address of Currer	ιτ Kegi:	stered Agent	Name		U. Name and Address of New F	registered /	-yent				
LUCIBELLA, RICHARD													
5 BEACHWAY NORTH						82 Street Addr			(P.O. Box Number is Not Accepta	able)			
OCEAN RIDGE FL 33435						83							
						84	City		<u> </u>	·	85 Zip	Code	
						'				<u>FL</u>			
office or re	anictored an	sions of Sections 607.050 jent, or both, in the State ith, and accept the obliga	of Flori	ida. Such changa was a	いけいいりてん	אם הי	тре согрога	orporat ation's	tion submits this statement for the board of directors. I hereby accept	purpose of options of the appoin	changing its itment as re	registered - (gistered	
SIGNATURE											_	{	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A								uired who	an reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	DPS IN 12	
12.	OFFICERS AND DIRECTORS				13.				ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition	
NAME	•	LA, RICHARD J		_		NAME							
STREET ADDRESS	ACT CORROLLA DR			1.3 8		1.3 STREET ADDRESS							
CITY-ST-ZIP	BOCA RATON FL			1.4 0		1.4 CITY-ST-ZIP							
TITLE				DELETE 2.11		2.1 TITLE					☐ Change	☐ Addition	
NAME	•			2.2 N		2.2 NAME)	
STREET ADDRESS					2.3	STREE	TADORESS		·				
CITY-ST-ZIP					_	CITY-S	ST-ZIP					- A 1 86 cm	
TITLE	,			☐ DELETE	_						Change	☐ Addition	
NAME						NAME	İ		•				
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CITY-ST-ZIP		-		☐ DELETE		CITY-S	ST-ZIP				Change	Addition	
MANE		•		T) DECELE		NAME							
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CITY-ST-ZIP	;				1	CITY-S							
TITLE				☐ DELETE	_	TITLE	-		<u>.</u>		Change	☐ Addition	
NAME					5.2	NAME				•			
STREET ADDRESS	1				5.3	STREE	TADORESS						
C/TY-ST-Z/P					5.4	CITY-S	T-ZIP						
TITLE				[]] DELETE	6.1	TITLE					☐ Change	☐ Addition	
NAME					6.2	NAME							
OTDECT ADDECTOR					63	STREE	TADDRESS					j	

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. I on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CHATURE REQUIRED URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR