SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Sep 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (0)1. Corporation Name JACK ESFORMES CORPORATION Principal Place of Business Mailing Address 503B - 10TH ST., W. 503B 10TH ST., W. PALMETTO FL 34221 PALMETTO FL 34221 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 08/28/1950 2. Principal Place of Business 2a. Malling Address Applied For 21 26 59-0630045 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Zip Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ZABLUDOWSKI, DANIEL A ESQ. LITOW, CUTLER & ZABLUDOWSKI 82 Street Address (P.O. Box Number is Not Acceptable) 2 S. BISCAYNE BLVD., #3100 83 **MIAMI FL 33131** 84 City Zip Code 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PĎ DELETE 1.1 TITLE Change ___ NAME ESFORMES, NATHAN J. 1.2 NAME STREET ADDRESS 1866 KENNEDY CAUSEWAY SUITE 408 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DSVP DELETE 2.1 TITLE Change NAME ESFORMES, JOSEPH 2.2 NAME 503B - 10TH ST., W. STREET ADDRESS 2.3 STREET ADDRESS **PALMETTO FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE **VPS** DELETE 3.1 TITLE alvarez, elizabeth e NAME 3.2 NAME STREET ADDRESS 503B - 10TH ST., W. 3.3 STREET ADDRESS **PALMETTO FL** CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-S1-2IP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition 2000026498**6**% NAME 5.2 NAME -09/28/98--01034--0**3**2 STREET ADDRESS 5.3 STREET ADDRESS ***150.00 CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition

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 capon or supplemental annual report is you 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 cooperation or the receiver provides empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 JPCha

6.2 NAME

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

Jack Esformes Corp.



P.O. Box 1389 ▼ Palmetto, FL 34220 (941) 729 4610 ▼ Fax: (941) 722-5124

June 6, 1998

Florida Dept. of State Division of Corp-Annual Reports P. O. Box 1500 Tallahassee, FL 32302-1500

Re: 1998 Annual Report

To Whom It May Concern:

Per Karon Beyer, I have enclosed a reissued check in the amount of \$150.00 and an original signature copy of our 1998 Corp. Annual Report that was lost in the mail.

Thank you.

Sarah Goldberger