FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

28

29

9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

25

2161 PALM BEACH LAKES BLVD, STE 308

PREEFER, JAY CHARLES

WEST PALM BEACH FL 33462

968-4676-MC

JARICK, INC.

Principal Place of Business Mailing Address

2161 PALM BEACH LAKES BLVD ST E403 WEST PALM BEACH FL 33409

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

2161 PALM BEACH LAKES BLVD STE 403 WEST PALM BEACH FL 33409 US

01/08/1960 4. FE1 Number 2a. Mailing Address 26 Suite, Apt. #, etc. 5. Certificate of Status Desired 27

City & State 6. Election Campaign Financing Zφ 30

3a. Date of Last Report

07/27/1995

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

| | | Trust Fund Contribution Added to Fees | | | | | |
|---------|----|--|--|--|--|--|--|
| Country | | This corporation has liability for intangible tax under s 199.032, Horida Statutes ▼ Yes □ No | | | | | |
| | Ι | 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 | | | | | |

3. Date Incorporated or Qualified

59-1564406

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

| animo ving di decembra de congressione di successione del construcción de cons | | | | | | | |
|--|-------------------------|----------|---------------------|---|--|--|--|
| SIGNATURE Signature: hypodici positra manu, of nejislenet agent as not he fugetivate (1711). Fugetinan Agent signature representative consistings. CATE CATE | | | | | | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| T-TLE. | PD | DELETE | 1 TITLE | Change Addition | | | |
| NAME | PREEFER, JAY CHARLES | | 1.2 NAME | | | | |
| STREET ADDRESS | 2161 PALM BCH LKS #308 | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 1.4 CITY - S* - Z.P | | | | |
| TITLE | VD | ☐ DELETE | 2 1 TITLE | Change Addition | | | |
| NAME | PREEFER, RICHARD ROBERT | | 2.2 NAME | | | | |
| STREET ADDRESS | 2161 PALM BCH LKS #308 | | 2.3 STREET ADDRESS | | | | |
| CHTY - ST - ZIP | WEST PALM BEACH FL | | 2.4 CiTY - ST - ZIP | | | | |
| Trick | D | ☐ DELETE | 3 1 TIF; F | ☐ Change ☐ Addition | | | |
| NAME | PREEFER, RAYMOND R. | | 3.2 NAME | | | | |
| STREET ADDRESS | 3600 N. FLAGLER DR. | | 3.3 STREET ACORESS | | | | |
| CITY-ST-ZIP | W. PALM BEACH FL | | 3 4 CiFr - S1 - ZiF | | | | |
| TITLE | | □ DEFELE | 4 1 TITLE | ☐ Change ☐ Addition | | | |
| NAME | | | 4.2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| City-St-7P | | | 4 4 C+TY - ST - Z+P | | | | |
| TITLE | | □ DELETE | 5 1 THE | Change Addition | | | |
| NAME | | | 5.2 NAME | | | | |
| STHEET ADDRESS | | | 5.3 STREET ABORESS | | | | |
| CITY-ST ZIP | | | 54 CITY ST-ZIP | | | | |
| TITLE | | DELETE | 6 1 TITLE | ☐ Change ☐ Add:tion | | | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY - ST-ZIP | | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119,07(3)(k). 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 corporate or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name annuals 12 or Block 13 if chapted of the chapter of the second of the statutes. appears in Block 12 or Block 13 if change with an address

SIGNATURE:

FFICER OR DIRECTOR