FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 231908
1. Corporation Name
JARICK, INC.

(5)

FILED
May 23 1997 8:00am
Secretary of State



Principal Place of Business 2161 PALM BEACH LAKES BLVD ST E403		Mailing Ad	Mailing Address				1 Marie 1988 (1)01 Ubis (61) 83/61 (01) 3/6/1 3/6/1 0/6/1 0/6/1 0/6/1 0/6/1				
		2161 PALM BEACH LAKES BLVD STE 403									
	BEACH FL 33409		.M BEACH FL 334	Q9-6613	ŀ				· · · · · · · · · · · · · · · · · · ·		
US		US	3. Date Incorporated or Qualified 04/26/1996 3. Date Incorporated or Qualified 04/26/1996 4. FEI Number 59-1564406 5. Certificate of Status Desired Fee Required ity & State 5. Election Campaign Financing Trust Fund Contribution Added to Fees 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes								
2. Principal P	lace of Business	2a. Mailing	Address			·····			A	oplied For	
21		26					59-1564406		No.	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				# Outlines of Outline Desired	[7]	\$8.75	Additional		
22		27					b. Certificate of Status Desired	اسا	Fee R	equired	
City & Stati	e	City &	State				6. Election Campaign Financing		\$5.00	May Re	
23		28					, , ,				
Zip	Country	Zip	<u> </u>	Cou	ntry		8. This corporation has liability for	ntangible	a tax under s	. 199.032.	
24	25	29	1	30			1 72-				
.=	9. Name and Address of Curre							Istered	Agent		
PRE	EFER, JAY CHARLES		.T		81	Name					
	1 PALM BEACH LAKES BLVD, S	ETF 308		1			······				
	ST PALM BEACH FL 33462				82	Street Addre	ess (P.O. Box Number is Not Acceptat	le)			
4454	OT FALM DEACH PE 30702				63						
					"						
					84	City			85 Zip	Code	
						,		FL	.]]		
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida, Suct	h change was au	ithorized	d by	the corporation	oration submits this statement for the pon's board of directors. I hereby acceptions	urpose of t the ap	r changing i pointment as	ts registered registered	
SIGNATURE		, 									
	Signature, typed or printed name of registered ag		in (NOTE:		o Agen	t signature require	d when reinstaling)	DATE CDC AND	D DIDECTO	00 IN 40	
12.	PD OFFICERS AN	ID DIRECTORS	DELETE	13.		······	ADDITIONS/CHANGES TO OFFIC	ENS ANI			
TITLE			T) pereit	1.1 11					Change	Addition	
NAME	PREEFER, JAY CHARLES			1.2 NA	ME				•		
STREET ADDRESS	2161 PALM BCH LKS #308			1.3 ST	REET A	NODRESS .					
CITY - ST - ZIP	WEST PALM BEACH FL			1.4 CF	TY-SI	-ZIP					
THTLE	VO		DELETE	2.1 Tr	TLE.				Change	Addition	
NAME	PREEFER, RICHARD ROBERT	•		2.2 N	AME						
STREET ADDRESS	2161 PALM BCH LKS #308			2.3 ST	FAEET A	NDDRESS .					
CHTY - ST - ZIP	WEST PALM BEACH FL			1	ity-si	1					
181.F	D		DELETE	3.1 TI		1"411"		1.3	Change	Addition	
NAME	PREEFER, RAYMOND R.			3.2 NA			•				
	3600 N. FLAGLER DR.					1000500					
STREET AODRESS	W. PALM BEACH FL					ADORESS					
CITY-SI-ZIP	TI. FALM DEROTT FL		Drucze	-	ΠY-\$1	r-ZiP			65	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
TITLE			☐ DELETE	4117					Change	Addition Addition	
NAME				4. 2 N	AME						
STREET ADDRESS				4.3 ST	AEET A	address					
CHTY-ST-ZIF		_		4.4 CI	TY-ST	- ZIP					
TITLE			DELETE	5.1 TI	TLE				Change	Addition	
NAME				5.2 N	AME						
STREET ADDRESS						ADDRESS					
						1					
City-St-7iP			DELETE		TY-ST	- \$1P			Change	Addition	
TI"LE			T"] NETE IE	6.1 11		Ì			— Cuange	L. AUUUUON	
NAME				6.2 N/	AME						
STREET ADDRESS				6.3 \$1	rreet /	ADDRESS					
CtTY+S1+ZiP				6.4 CE	TY-SI	-71P					

14. Ido 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 eath; that I am an officer or director of the operation 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 12 or Block 13 or florida Statutes.

SIGNATURE:

UREAND TYPEO OR PANJED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/97

561-689-7706 Daving Phone 1