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FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 270840 (2)
1. Corporation Name
JENALARK CORP.



Principal Place of Business Mailing Address
4675 PONCE DE LEON BLVD., SUITE 302 4675 PONCE DE LEON BLVD., SUITE 302
CORAL GABLES FL 33146 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1963

4. FEI Number

59-1028707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 9301 S. W. 92nd. Ave.

Suite, Apt. #, etc.

22 Unit A

City & State

23 Miami, FL

Zip

24 33176

Country

25 USA

2a. Mailing Address

26 9301 S. W. 92nd. Ave.

Suite, Apt. #, etc.

27 Unit A

City & State

28 Miami, FL

Zip

29 33176

Country

30 USA

9. Name and Address of Current Registered Agent

JENNINGS, MILTON S
4675 PONCE DE LEON BLVD., SUITE 302
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9301 S. W. 92nd. Ave.

83 Unit A

84 City
Miami,

FL

85 Zip Code

33176

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME JENNINGS, MILTON S
STREET ADDRESS 4675 PONCE DE LEON BLVD., SUITE 302
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE STD ☐ DELETE

NAME ECKROADE, CAROLYN E
STREET ADDRESS 4675 PONCE DE LEON BLVD., SUITE 302
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 9301 S. W. 92nd. Ave., Unit A
1.4 CITY-ST-ZIP Miami, FL. 33176

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 9301 S. W. 92nd. Ave., Unit A
2.4 CITY-ST-ZIP Miami, Florida 33176

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, or on an attachment with an address.

SIGNATURE: CAROLYN E ECKROADE U.P. 4/28/98 (305) 273-7355

CR2E034 (10/97)