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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 311264

Jerome Nagelbush, Inc.

(6)

	 	 _
Mailing Address		

Jul 16 1998 8:00am Secretary of State



Principal Place of Business P O BOX 32 P O BOX 32 HOLLYWOOD FL 33022 HOLLYWOOD FL 33022 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/29/1966 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 59-1154732 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 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 Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NAGELBUSH, JEROME 1321 TYLER ST 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33020 83 84 City 85 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 hame of registers diagont and life if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TOLE 1.1 TOLE ☐ Change Addition **NAGELBUSH, JEROME** NAME 1.2 NAME 1321 TYLER ST STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 1.4 CITY-S1-ZIP DELETE TITLE Change Addition 2.1 TITLE NAGLEBUSH, LARRY NAME 22 NAMI **5385 NOB HILL ROAD** STREET ADDRESS 2.3 STHEET ADDRESS **SUNRISE FL** CITY-ST-ZIF 2 4 City-St-ZiP DELETE TITLE 3 1 71TLE ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TO LE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$T-ZIP 5.4 CITY - ST - 7IP TITLE DELFTE 61 TITLE Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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.