

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90090 020 ***150.00

DOCUMENT # 311264

1. Corporation Name

JEROME NAGELBUSH, INC.



Principal Place of Business

**P O BOX 32
HOLLYWOOD FL 33022**

Mailing Address

**P O BOX 32
HOLLYWOOD FL 33022**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1966

4. FEI Number

59-1154732

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5385 NOB HILL ROAD

2a. Mailing Address

26 5385 NOB HILL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 SUNRISE, FL

27 City & State

28 SUNRISE, FL

Zip

24 33351

Country

25 BROWARD

Zip

29 33351

Country

30 BROWARD

9. Name and Address of Current Registered Agent

**NAGELBUSH, JEROME
1321 TYLER ST
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name

NAGELBUSH, JEROME

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

5385 NOB HILL ROAD

83

84 City

SUNRISE

FL

85 Zip Code

33351

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 ☐ DELETE
NAME **PDS**
STREET ADDRESS **NAGELBUSH, JEROME**
CITY-ST-ZIP **1321 TYLER ST
HOLLYWOOD FL**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **NAGLEBUSH, LARRY**
CITY-ST-ZIP **5385 NOB HILL ROAD
SUNRISE FL**

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
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99

(954) 748-7893

CR2E034 (1/198)