

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 JAN 23 AM 11:46

DOCUMENT # 403425 (2)

1. Corporation Name

JELI CORPORATION

10657 N.W. 53 ST

Principal Place of Business

3623 N.W. 19 STREET
FORT LAUDERDALE FL 33311

Mailing Address

3623 N.W. 19 STREET
FORT LAUDERDALE FL 33311

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2a. Mailing Address

21 10657 N.W. 53 ST

26 10657 N.W. 53 ST

3. Date Incorporated or Qualified
06/21/1972

3a. Date of Last Report
03/08/1995

4. FEI Number
59-1401847

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

22 City & State

27 City & State

23 SUNRISE FL 33351

28 SUNRISE FL 33351

24 33351

25 BROWARD

29 33351

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERKE, FLORENCE
5708 N.W. 85TH AVE.
TAMARAC FL 33321

81 Name

000001708450

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

02/06/96-01120-018

83

****200.00 ****200.00

84 City

FL

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 FLORENCE BERKE UD

Signature, typed or printed name of registered agent and their application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME BERKE, ROBERT
STREET ADDRESS 8933 N W 9TH PLZ
CITY-ST-ZIP PLANTATION, FL 00000 33324

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

NAME BERKE, FLORENCE
STREET ADDRESS 5708 NW 85 AVE
CITY-ST-ZIP TAMARAC FL 33321

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME BERKE, SHELIA
STREET ADDRESS 8933 N W 9TH PLZ
CITY-ST-ZIP PLANTATION, FL 00000 33324

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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: ROBERT BERKE P.D. 6-14-96-305-747-4730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)