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 # 496831

(9)

Mailing Address

JACQUES REALTY, INC.

Principal Place of Business

CITY-S1-ZIP

SIGNATURE:

FILED Jan 14 1997 8:00am Secretary of State



561-395-1533

4000 N STATE FT. LAUDERDA	ROAD 7 SUITE 202 ALE FL 33319	6522 CASABELLA LANE BOCA RATON FL 33433-	5453								
						1			te of Last Report 14/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		T	Appli	ed For		
21		26			59-1649792 Not Ap				pplicable		
Suite, Apt	#, elc	Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.75 Additional Fee Required				
City & State 23	е	City & State				Election Campaign Financing Trust Fund Contribution			00 Mailed to I		
Zip 24	Country 25	Zip 29	30 Cou	ntry			Yes [No	er s. 19	99.032,	
	 Name and Address of Currer 	nt Registered Agent				10. Name and Address of New F	legistered A	gent			
JAC	QUES, EDYTHE]	81	Name						
652	2 CASABELLA LN CA RATON FL 33433		6:		Street Add	dress (P.O. Box Number is Not Accept	able)				
50.	on intolere action			83		<u> </u>					
			ľ	84	City		FL	85	Zip Co	de	
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Statu of Florida. Such change was	utes, the ac	ove by	named cor the corpora	poration submits this statement for the ation's board of directors. I hereby acc		changii ointmen	ng its r t as re	egistered gistered	
CICMATURE	Signature, typed or printed name of registered ag						DATE				
		D DIRECTORS	13.	Age	ni signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFF		DIDEC	TOBS	N 12	
12.	PO	☐ DELETE	1.1 111	1 F		ADDITIONS/CHANGES TO OFF	ICENS AND	Char		Addition	
NAME	JACQUES, EDYTHE		1.2 NA								
STREET ADDRESS	6522 CASA BELLA LANE				ADDRESS						
CITY - ST - ZIP	BOCA RATON FL		1.3 ST		1						
TITLE	BOOKITHOITE	DELETE	21 11	_	1-2#			Char	noe (Addition	
NAME			22 NA		1				•		
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			2.4 CI								
IITLE		DELETE	3.1 7()		,, ,,,	2000		Char	nge	Addition	
NAME			3.2 NA	ME	ì						
STREET ADORESS			3351	REET	ADDRESS						
CITY-ST-ZIP			3.4. CI	TY-S	ST-ZIP						
TITLE		DELETE		4.1 TITLE				Char	nge	Addition	
NAME			4. 2 N	AME	1						
STREET ADDRESS					ADORESS						
CITY - S1 - ZIP			4.4 CI								
TITLE		☐ DELE1E		5.1 TITLE				Char	nge	Addition	
NAME			5 2 NA	ME	ĺ						
STREET ADDRESS			5.3.51	REET	ADDRESS						
CITY -SI - ZIP			5.4 Cr								
TITLE		DELETE	61 TII		· 44			Char	nge	Addition	
NAME			6.2 NA		1						
PERSONAL AND DECE					ANNOEDC						

14. I do 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 Bloom 13 if changed, or open attachment with an address.