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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 595368 1. Corporation Name

May 04, 1999 8:00 am Secretary of State

05-04-1999 90127 048 ***150.00

JASMINE	E, INC.				!				
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Principal Place	e of Business	Mailing Address				()88(\$) strict (ale) 4((4) (1)) s			
4681 S. UNIVERSITY DRIVE 4681 S. UNIVERSITY DRIVE									
DAVIE FL 33328 DAVIE FL 33328									
					-	DO NOT WRI	TE IN THIS	SPACE	
					Į	3. Date Incorporated or Qualifed			
						11/22/1978		1 1 7	and For
2. Principal P	lace of Business	2a. Mailing Address			}	4. FEI Number		<u> </u>	Applied For
21		26				59-1948699	 , ,		Not Applicable Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Required
22	<u> </u>	City & State							<u> </u>
City & Stat	e	— ·			ļ	6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
23 Zin	Country	Zip	Coun	tn/	- 1	8. This corporation owes the curr	ront voor Into		
Zip			30	u y		Personal Property Tax.	ieni year inta	∏ Yes	□No
24	9. Name and Address of Currer		301			10. Name and Address of New	Registered A		
	9. Name and Address of Curren	it redistered Agent		B1 Name		To: traine and			
ATLA	AS, JAN D		L						
	/ RIVER CENTER STE 1900		11	82 Street	Addres	s (P.O. Box Number is Not Accept	able)		
	E LAS OLAS BLVD	•	l-	B3					
	AUDERDALE FL 33301		ľ	"					
		A.	1	B4 City		#*{F	FI	85 Zip	Code
<u> </u>	4	20 4 CO7 4509 Florido Statuto	a tha ab		l normore	tion cultures this statement for the		hanging i	ts registered
11, Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized	by the cor	oration's	s board of directors. I hereby acce	pt the appoin	tment as	registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statut	es.					
SIGNATURE							DATE		
42	Signature, typed or printed name of registered age	ND DIRECTORS	13.	gent signature	required w	nen reinstating) ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12
TITLE	PST	DELETE	1.1 TITL		T	//	1102/10/4		
NAME	WAHBA,ALBERT					,		Change	e ☐ Addition
	9100 NW 17TH ST		12 NAN	4F		,		¢nange	e
STREET ADDRESS			1.2 NAM			,		Change	nomboA 🔲 e
CITY-ST-ZIP			1.3 STR	EET ADDRESS	3	,		Change	e Addition
TITLE	PLANTATION FL	□ DELETE	1.3 STR 1.4 CIT	EET ADDRESS	3			Change	
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14. I hereby certify that the information supplied with this filing the snot 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 of trustee empowered to execute this report as required by Chapter 607, plorida 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. CITY-ST-ZIP

SIGNATURE: _

4349160.