PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 651870

1. Corporation Name

JACK THOMAS, INC.

| Principal Place of Business Mailing Address | | | | | | | | | i italis dijat bijor ilgat iplik jobri doli minii | #### #### ############################ | 01011 #1811 3004 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------|---------------------|----------|-------------------------------------------------------|-----------|---------------------------|--------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------|------------------|
| 172 W FLAGLER ST | | 172 W FLAGLER ST | | | | | | | | | |
| SUITE 310 | | STE 310 | | | | | DO NOT WRITE IN THE CRACE | | | | |
| MIAMI FL 33130 | | | MIAMI FL 33130 | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | | |
| US | | US | | | | | | ٠. | | | |
| 9. Drivered Place of Pusiness | | | 2a. Mailing Address | | | | | | 12/06/1979 FEI Number | Ac | plied For |
| 2. Principal Place of Business | | | 6 | | | | | l | 59-1954912 | | ot Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | | | | Additional |
| 22 | | 27 | T | | | | 5. | Certificate of Status Desired | Fee Re | equired | |
| City & State | | 1 | City & State | | | | 6. | Election Campaign Financing | \$5.00 | May Be | |
| 23 | | | | | | | | | Trust Fund Contribution | Added | to Fees |
| Zip | Country | 1 | Zip | Coun | try | | | 8. | This corporation owes the current year Ir | tangible | |
| 24 | 25 | 29 | | 30 | | | | | Personal Property Tax. | ☐ Yes | □No |
| | 9. Name and Address of Current | Regis | tered Agent | | | | | 10. | Name and Address of New Registered | Agent | |
| | | | | 1 | B1 | Name | • | | | | |
| THOMAS JACK K JR | | | | · | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | • | | |
| 172 W FLAGLER ST | | | | | | | | | | | |
| SUITE 310 | | | 83 | | | | | | | | |
| MAN | /II FL FL 33130 | | | la la | B4 | City | | | | 85 Zip | Code |
| | | | | | | | | | FI | - 1 | |
| 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 | | | | | | | | | einstation) DATE | | { |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: | | | | | egistered Agent signature required 13. | | | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTO | DRS IN 12 |
| 12. | | DIRE | DELETE | 1.1 TITL | F | | | | ADDITIONS/CHANGES TO OFFICENS A | Change | Addition |
| TITLE | D D | | | 1.2 NAA | | | | | | | _ |
| NAME | THOMAS, JACK K JR | | | | | TADDRESS | | | | | |
| STREET ADORESS | 172 W FLAGLER ST, SUITE 310 | , | | 1.4 CIT | | | " | | | | ļ |
| CITY-ST-ZIP | MIAMI FL | | ☐ DELETE | 2.1 TITL | | 1-2IP | | | | Change | Addition |
| NAME | PS THOMAS INCK K ID | | | 2.2 NAN | | | | | | | |
| | THOMAS, JACK K JR 172 W FLAGLER ST, SUITE 310 | | | | | TADDRESS | | | | | } |
| STREET ADDRESS | MIAMI FL | , | | 2.4 CIT | | | ٦ | | | • | |
| CITY-ST-ZIP | V : | | ☐ DELETE | 3.1 TITE | |) I - ZIF | - | | | Change | ☐ Addition |
| NAME | BLOCK, HENRY R. | | | 3.2 NAA | | | | | • , | ٤ | |
| STREET ADDRESS | 172 W FLAGLER ST, SUITE 310 |) | | | | T ADDRESS | s | | • | | ļ |
| CITY-ST-ZIP | MIAMI FL | • | | 3.4. CIT | | | | | • | | |
| TITLE | INIPANI I L | | ☐ DELETE | 4.1 TITL | | | | | | Change | ☐ Addition |
| NAME | | | | 4, 2 NA | ME | | | | | | |
| STREET ADDRESS | | | | 4.3 STR | REET | TADDRESS | s | | | | |
| CITY-ST-ZIP | • | | | 4.4 CIT | | | | | | | |
| TITLE | ****** | | ☐ DELETE | 5.1 TITL | | | | | | ☐ Change | Addition |
| NAME | | | | 5.2 NAM | Æ | | | | | | |
| STREET ADDRESS | , | | | 5.3 STR | REET | T ADDRESS | s | | | | |
| CITY-ST-ZIP | - | | | 5.4 CIT | Y-\$7 | T-ZIP | | | | | |
| TITLE | | | ☐ DELETE | 6.1 TITL | Æ | | 1 | | | Change | Addition |
| NAME | | | | 6.2 NAM | Æ | | | | | | |
| STREET ADDRESS | | | | 6.3 STF | EET | T ADDRESS | s | | , | | |

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 appress, with all other like expowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90037 035 ***150.00