## 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

## DOCUMENT # F10284

## Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90087 010 \*\*\*150.00

1. Corpo	ration Na	ame												
JAC	AINIUC	DUNES #3 CO	RP.											
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Principal	Place of	Business	M	ailing Address						ieli er	P14 B1841 B1	JII 8484	() \$1811 (88)	
9015 SW	78TH COURT 9015 SW 78TH COURT													
MIAMI FL														
!	•								DO NOT WRITE IN THIS SPACE					
i !	· **								3. Date Incorporated or Qualifed 11/10/1980					
2. Princi	ipal Place of Business			2a. Mailing Address					4. FEI Number			Appli	ed For	1
21	-		26						5 <del>9-</del> 2039888			Not #	Applicable	
	e! Apt. #, etc.			Suite, Apt. #, etc.					55 Certificate of Status Desired				ditional	_
22				27							Fee	Requ	uired	]
City 8	State			City & State					6. Election Campaign Financing		\$5.0			
23			28						Trust Fund Contribution		Adde	ed to	Fees	4
Zip	Country			— ···			ountry		8. This corporation owes the current year	r Inta		-		
24	25			29 30					Personal Property Tax.		L] Yes	<u></u>	No	4
1		3. Name and Address	of Current Regis	tered Agent		81	Mana		10. Name and Address of New Register	red A	gent	—		1
Ì	MANTE	LL. MURRAY				01	Name							j
	9015 S.W. 78TH COURT						Street Add	dres	ss (P.O. Box Number is Not Acceptable)					1
	MIAMI FL 33156			* *										-
	(*)11/31/11/1	2 00 100				83								
Ì							City	ty		FL 85 Zip Code			1	
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offic	o or regis	stered agent or hoth is	the State of Florid	da. Such change was	authorized	1 DV 1	the corporal	rpor tion	ation submits this statement for the purpose 's board of directors. I hereby accept the ap	ppoin	manging tment as	regis	stered	
agei	nt. I am fa	amiliar with, and accep	t the obligations of	, Section 607.0505, F	lorida Stat	utes.								
SIGNAT	URE			W (A)(O)	T. Beautaned	A ====	Calanatura annud	lend ii	when reinstating) DATE				<del>-</del>	Ĺ
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE:  OFFICERS AND DIRECTORS					Registered Agent signature required 13.			ADDITIONS/CHANGES TO OFFICERS		DIREC	TOR	S IN 12	1
TITLE	P		1021107112	DELETE	1.1 TS	TLE					[] Chang		☐ Addition	1 :
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NAME					3.2 N/	ME								
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NAME	NAME					6.2 NAME								
STREET AD	STREET ADDRESS				6.3 ST	REET	ADORESS							

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.

6.4 CITY-ST-ZIP