**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # F86261 JIM STEFANELLI ENTERPRISES INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Jan 29, 1999 8:00am **Secretary of State**

**FILED** 

01-29-1999 90053 032 \*\*\*150.00

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Principal Plac	e of Business	Mailing Address						
440 SABAL WAY 440 SABAL WAY 440 SABAL WAY WESTON FL 33326 WESTON FL 33326					DO NOT WRITE IN THIS SPACE			
US		US			<ol> <li>Date Incorporated or Qual 06/22/1982</li> </ol>	ifed		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			59-2196927		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desire	d 🗆	\$8.75 / Fee Re	
City & Stat	е	City & State			6. Election Campaign Finance Trust Fund Contribution	ing 🗆	\$5.00 Added t	
. Zip	Country	Zip	Cot	ntry	8. This corporation owes the	current year int	tangible	
24	25	29	30		Personal Property Tax.	·	Yes	□No .
	9. Name and Address of Current		1 1		10. Name and Address of Ne	w Registered	Agent	3.5%
		<u> </u>		81 Name				
RAM	IREZ, FREDERICK J., ESQ.	•						
440	SABAL WAY A COMMON TO THE COMM	•			ress (P.O. Box Number is Not Acc	e. Nyaotana dia mampiasa dia mampiasa dia mampiasa dia mendentra dia mendentra dia mendentra dia mendentra dia me	1 * 1 3 5 0 0 5 1 1	teris beinge twork
ги	LAUDENDALE FL 33320			83				
				84 City	<u> </u>		85 Zip (	Code
240 02 00 1 00 44	4 H	CO7 1500 Florida Ct	46		aration as boilts this atotament for	the purpose of	-	ragistared
an Pursuani	to the provisions of Sections 607.0302	anu our, 1900, Flunda Sta			Joration Submits this statement for	rue bai bose oi	Changing its	registered
office or i	egistered agent, or both, in the State of	Florida, Such change was	authorized	by the corporati	on's board of directors.: I hereby a	ccept the appoi	nimeni as re	gistered
office or i	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was ons of, Section 607.0505, F	authorized Florida Stat	bove-named corporation of the co	on's board of directors.;I hereby a	ccept the appoi	nimeni as re	gistered
office or i		• •					niment as re	gistered
21X	egistered agent, or both, in the State of im familiar with, and accept the obligation Signature, typed or printed name of registered agent a	• •			on's board of directors. I hereby a	ccept the appoi	niment as re	gistered
21X	Stgnature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NC	TE: Registered	Agent signature require	ad when reinstating)	DATE	ID DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND PTD	and title if applicable. (NC	TE: Registered	Agent signature require	ed when reinstating)	DATE	1 1 1	
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SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND PTD.  STEFANELLI, JAMES P.	and title if applicable. (NC	13. 1.1 TI 1.2 N/	Agent signature require	ad when reinstating)	DATE	ID DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND PTD. STEFANELLI, JAMES P 440 SABAL WAY	and title if applicable. (NC	13. 1.1 TI 1.2 N/ 1.3 SI	Agent signature require  LE  .ME  REET ADDRESS	ad when reinstating)	DATE	ID DIRECTO	RS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify indicated on this annual report or supplemental annual report is true and a officer or director of the corporation or the receiver or trustee empowered to Block 12 or Block 13 if changed or on an attachment with an address, with The exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information urate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**SIGNATURE**