SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000003148 (1)**

1. Corporation Name
JACOBSON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
777 BRICKELL AVE SUITE 650 MIAMI FL 33131 US	777 BRICKELL AVE SUITE 650 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1996

4. FEI Number: 65-0640078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2255 Arch Creek Dr.	26 2255 Arch Creek Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: N. Miami FL	28 City & State: N. Miami FL.
24 Zip: 33181 25 Country: U.S.A.	29 Zip: 33181 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

JACOBSON, STEVEN W
777 BRICKELL AVE SUITE 650
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Jacobson, STEVEN W
82 Street Address (P.O. Box Number is Not Acceptable): 2255 Arch Creek Dr.
83
84 City: N. Miami FL 85 Zip Code: 33181

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: Steven W. Jacobson President S.W. 7/7/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	☐ DELETE	1.1 TITLE	~~PCD~~ PCD ☐ Change ☐ Addition
NAME	JACOBSON, STEVEN W		1.2 NAME	~~Jacobson, Steven W~~
STREET ADDRESS	777 BRICKELL AVE SUITE 650		1.3 STREET ADDRESS	~~Coa Brickell Ave Suite 701~~ 2255 Arch Creek Dr.
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	~~Miami FL 33131~~ N. Miami FL 33181
TITLE	STD	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHINCHILLA, EUGENIO		2.2 NAME	
STREET ADDRESS	777 BRICKELL AVE SUITE 650		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/98)

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.

SIGNATURE: S.W. Steven W. Jacobson 7/7/98 305-899-9677