

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90140 038 ***150.00

DOCUMENT # F96000003897

1. Corporation Name

JACOBSON RESONANCE ENTERPRISES, INC.



Principal Place of Business

9960 CENTRAL PARK BLVD
#302
BOCA RATON FL 33428
US

Mailing Address

9960 CENTRAL PARK BLVD
#320
BOCA RATON FL 33428
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

07/31/1996

4. FEI Number

65-0684400

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 the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

KACBPSPM. KERRU O
2006 MAINSAIL CIRCLE
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name JERRY I. JACOBSON

82 Street Address (P.O. Box Number is Not Acceptable)

2006 MAINSAIL CIRCLE

83

84 City

JUPITER

FL

85 Zip Code

33477

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

Jerry I. Jacobson
Signature, typed or printed name of registered agent and, if applicable, of the corporation

JERRY I. JACOBSON, PCO

DATE

1/8/99

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME JACOBSON, JERRY I
STREET ADDRESS 2006 MAINSAIL CIRCLE
CITY-ST-ZIP JUPITER FL

☐ DELETE

TITLE SD
NAME JACOBSON, DEBRA
STREET ADDRESS 2006 MAINSAIL CIRCLE
CITY-ST-ZIP JUPITER FL

☐ DELETE

TITLE DV
NAME CHAVIANO, FRANK
STREET ADDRESS 9960 CENTRAL PARK BLVD., #302
CITY-ST-ZIP BOCA RATON FL 33428

☐ DELETE

TITLE VT
NAME KAPLAN, DONALD E
STREET ADDRESS 9960 CENTRAL PARK BLVD., #320
CITY-ST-ZIP BOCA RATON FL 33428

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE:

DONALD E. KAPLAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/99 561-477-8020

CR2E034 (11/98)

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