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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

F97000002626 (6) DOCUMENT #

JEM EXECUTIVES INC.

Principal Place of Business

7622 NORTHPORT DR

Mailing Address

7622 NORTHPORT DR.

FILED Apr 07 1998 8:00am Secretary of State



BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/16/1997</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 75 NA 64m 26 22-2532713 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 103 22 Fee Required City & State City & State 6. Election Campaion Financing \$5.00 May Be Dellay DEACH, FL. Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 X No 25 29 Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** SEATON, HARRY L ESQ KECHARD LEEDS 7350 LE CHALET BLVD. Street Address (P.O. Box Number is Not Acceptable)
7622 North Port Dv 82 **BOYNTON BEACH FL 33437** 83 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 agent. I am familiar with and accept the obligations of, Section 607 0505, Florida Statutes. RECHARD SIGNATURÈ OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE ☐ Change 1.1 TITLE LEEDS, RICHARD 1.2 NAME 7622 NORTHPORT DR. STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE ☐ Change Addition 2.1 TITLE LEEDS, JUDITH 2.2 NAME 7622 NORTHPORT DR. STREET ADDRESS 2.3 STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP 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 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 51 TITLE ☐ Change Addition 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

14. Thereby certify that the information supplied with this filling 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 fursite employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an advices.

SIGNATURE

KSCHAKD