

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 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90011 031 \*\*\*150.00

DOCUMENT # F98000000904

1. Corporation Name

JMAR ENTERPRISES, INC.

Principal Place of Business

1712 IRONWOOD DR.  
NAPERVILLE IL 60565

Mailing Address

1712 IRONWOOD DR.  
NAPERVILLE IL 60565

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1998

4. FEI Number

36-4149198

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 P.O. Box 6902  
Suite, Apt. #, etc.

22 City & State

23 Spring Hill, FL 34611

24 Zip Country

25

2a. Mailing Address

26 P.O. Box 6902  
Suite, Apt. #, etc.

27 City & State

28 Spring Hill, FL 34611

29 Zip Country

30

9. Name and Address of Current Registered Agent

VIERECK, JAMES M  
18107 PEREGRINES PERCH  
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

James Viereck

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

9100 Penelope Drive

83

84 City Brooksville

FL

85 Zip Code 34613

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 *James M Viereck*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-11-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME VIERECK, JAMES M  
STREET ADDRESS 1712 IRONWOOD DR.  
CITY-ST-ZIP NAPERVILLE IL 60565

TITLE VT ☐ DELETE

NAME VIERECK, MARLENE A  
STREET ADDRESS 1712 IRONWOOD DR.  
CITY-ST-ZIP NAPERVILLE IL 60565

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS ☒ Change ☐ Addition

1.2 NAME James Viereck  
1.3 STREET ADDRESS 9100 Penelope Drive  
1.4 CITY-ST-ZIP Brooksville, FL 34613

2.1 TITLE VT ☒ Change ☐ Addition

2.2 NAME Marlene Viereck  
2.3 STREET ADDRESS 9100 Penelope Drive  
2.4 CITY-ST-ZIP Brooksville, FL 34613

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE: *James M Viereck* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-99  
Date Daytime Phone #

CR2E034 (1/98)