## 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

## DOCUMENT # F9800006075

## **FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90030 013 \*\*\*150.00

JUPITER	RESOURCES, INC.				
Principal Place	e of Business	Mailing Address			MANTE MOSTO OSTICK MORTE COMMENDE OF THE COMME
2215 NW 14TH ST. 2215 NW 14TH ST. DELRAY BEACH FL 33445 DELRAY BEACH FL 33445				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	TIIO OF AGE
				11/02/1998	}
2 Principal P	face of Business	2a. Mailing Address		4. FEI Number	Applied For
<b>─</b> `	lace of business	26. Walling Address		52-2019749	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	<i>π</i> , σιο.	27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	ar Intangible
24	25	29	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registe	red Agent
			81 Name		(
MENDELSON, VICTOR 3375 W. HILLSBORO BLVD.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
DEE	RFIELD BEACH FL 33442		83		
			84 City		FL 85 Zip Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auf	horized by the corooral	rporation submits this statement for the purpostion's board of directors. I hereby accept the a	se of changing its registered ppointment as registered
SIGNATURE	Signature, lyped or printed name of registered age	thorse is	legistered Agent signature requi	red when reinstating) DAT	<del></del>
12,		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	СР	DELETE	1.1 TITLE		Change Addition
NAME	MELONI, FRANCESCA	•	1.2 NAME		
STREET ADDRESS	2215 NW 14TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CITY-ST-ZIP		;
TITLE	CV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MALEK, RAJA A		2.2 NAME		
STREET ADDRESS	2215 NW 14TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		2. 4 CfTY-ST-ZIP	<u></u>	
TITLE		☐ DELETE	3.1 TITLE	The second secon	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		ļ
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			54 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
	1		6.3 STREET ADORESS		

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 changes profit an analysis of the corporation of the corpo

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS