PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # G17508

1. Corporation Name

J.F.R. ASSOCIATES, INC.

Principal Place	of Business	Business Mailing Address			J 1821111 addr 11611 (2001 2111 Actal 1511 4/211 c.c.) crait crait cities contra		
2021 E COMMERCIAL BLVD 2021 E COMMERCIAL BLVD							
SUITE 302 SUITE 302				DO NOT WRITE IN THIS PRACE			
FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 US US					DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed		
					12/30/1982		
	ncipal Place of Business 2a. Mailing Address				4. FEI Number Applied For		
21	ite. Apt. #, etc. Suite, Apt. #, etc.				59-2245542 Not Applicable \$8.75 Additional		
Suite, Apt.	27				5. Certificate of Status Desired		
City & State	City & State City & State				6. Election Campaign Financing \$5.00 May Be		
23	28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Countr	У	8. This corporation owes the current year Intangible		
24	25	29 38	0		Personal Property Tax. Yes No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent		
200	EDO HOW E		81	Name			
	ERS, JACK F.		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	4100 NE 25TH AVE.						
LIGH	ITHOUSE POINT FL 33064		83				
ļ			84	City	85 Zip Code		
			-	FL T			
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	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered Age	ont signature required	d when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition		
NAME	ROGERS, JACK F		1.2 NAME				
STREET ADDRESS	4100 NE 25TH AVENUE		1.3 STREI	T ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE POINT FL		1.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change Addition		
NAME			2.2 NAME		•		
STREET ADDRESS			2.3 STREI	T ADDRESS			
CITY-ST-ZIP	· · ·	•	2. 4 CITY-	ST-ZIP	The state of the s		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME			3.2 NAME		,		
STREET ADDRESS			3.3 STREI	TADORESS	,		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition		
NAME			4. 2 NAME				
STREET ADDRESS				TADORESS			
1			4.4 CITY-				
TITLE		□ DELETE	5.1 TITLE	31-EIF	☐ Change ☐ Addition		
NAME			5.2 NAME		· — ·		

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition

Mar 29, 1999 8:00 am Secretary of State

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