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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

#### **DOCUMENT # G31735** Corporation Name

JANK'S INSURANCE CORP.

Principal Place of Business

## 128848 W 87TH AVE 9631 S.W. 142ND COURT MIAMI FL 33176 MIAMI FL 33186

Mailing Address

# **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90086 003 \*\*\*150.00



						OT WRITE IN THIS	SOPACE	
					3. Date Incorporated or C	Qualifed		
2. Principal	Place of Business	2a, Mailing Addre			04/05/1983			
1		F-7 *	133		4. FEI Number			Applied For
Suite, Ap	ot. #, etc.	26	<del></del>		<u>59</u> -2280849		— <del>-</del> -	Not Applicable
]		Suite, Apt. #,	etc.					Additional
City & St	ate	27			5. Certifcate of Status Des	sired 🗍		Required
]		City & State			6. Election Campaign Fina	ancina		
Zip.		28			Trust Fund Contribution		<b>\$5.0</b>	<b>0</b> мау Ве
Zip ∃	Country	Zip	Cor	untry		<u> </u>	Added	to Fees
L	25	29	30	•	8. This corporation owes t	he current year Int		_
	9. Name and Address of Cu	rrent Registered Agent		T	Personal Property Tax.		☐ Yes	□No
111				81 Name	10. Name and Address of	New Registered	Agent	
MA	SARSKY, HERMAN			I value				
9631 S.W. 142ND COURT.				82 Street A	Address (P.O. Box Number is Not A	Accentable)		
	MI FL 33186				- ( ) - 1 - 2 / ( TOTTIDE IS NOT A	wehranie)		
				83		<del></del>		<del></del>
				<u> </u>				
				84 City			85 Zip	Code
t. Pursuan	to the provisions of Sections 607.	0502 and 607 1508. Florida	Statutes the	boug no =====	orporation submits this statement for ation's board of directors. I hereby	FL		
onice or agent. La	registered agent, or both, in the St	ate of Florida. Such change	was authorized	by the comor	orporation submits this statement fr	or the purpose of	changing its	s registered
-3	with and accept the ob	ilgations of, Section 607.050	05, Florida State	utes.	and a position of directors: 1 beleby	accept the appoin	itment as re	egistered
GNATURE								
	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered		uired when reinstating)			
	AF#165	4110 0100	(101E Registered	Agent signature req	dired when reassaung)	DATE		
F	OFFICERS	AND DIRECTORS	13.	Agent signature req		DATE O OFFICERS AND	) DIDECT:	300 11/ 15
	PTD	AND DIRECTORS	13.		ADDITIONS/CHANGES T			
LE ME	PTD MASARSKY, HERMAN	AND DIRECTORS	13. ETE 1.1 TITI	LE			DIRECTO	DRS IN 12
ΛE	PTD	AND DIRECTORS	13. ETE 1.1 TITI 1.2 NA	LE ME				
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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.

**SNATURE:** 

305-255- 1661