FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Jan 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (0)H61908 JAS MANAGEMENT CORPORATION Mailing Address Principal Place of Business 1131 SW 124TH TERRACE 13730 STATE ROAD 84 DAVIE FL 33325 SUITE 136 DO NOT WRITE IN THIS SPACE บร DAVIE FL 33325 US 3. Date Incorporated or Qualified 06/13/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2545848 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 29 30 Personal Property Tax due June 30. ☐ Yes X No 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KIMLER, LEWIS S. P.A. 6950 CYPRESS ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 209 83 PLANTATION FL 33317 84 City Zip Code FL 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 agent and title if applicable egistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/9) 13. DELETE Change Addition TITLE 1.1 TITLE DE VITO, JO ANN 1.2 NAME NAME 1131 S.W. 127TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS DAVIE FL CITY - ST - ZIP 1.4 CITY - ST - ZIF DELETE Change Addition TITLE 2.1 TITLE DE VITO, JO ANN NAME 2.2 NAME 1131 S.W. 127TH TERRACE 2.3 STREET ADDRESS STREET ADDRESS DAVIE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition THLE 3THILE 3.2 NAME 'AME TREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP JITY - ST - ZiP DELETE Change Addition eitle 4.1 TITLE ME 4. 2 NAME 4.3 STREET ADDRESS LEET ADDRESS 4.4 CITY - ST - ZIP Y-ST-ZIP Addition DELETE Change ILE 5.1 TITLE ME 5.2 NAME 5.3 STREET ADDRESS TREET ADDRESS 5.4 CITY-ST-ZIP STY-ST-ZIP DELETE Change Addition ÎNLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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.

MANADARE REQUIRED

SIGNATURE:

FILED

Jo- ANN Deveto 1/7/98 954 475-157