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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Mar 18 1997 8:00am Secretary of State

| | 997 | DIVISION OF CORPORATIONS | | ATIONS | | | |
|---|---|--|---------------------|---|---|--|--|
| | IENT # H6945 9 A. Jacobs, p.a. | 9 | (6) | | | | |
| | The second se | | | | | | |
| Principal Place of Business 2330 PONCE DE LEON BLVD. SUITE 201 | | Mailing Address 2330 PONCE DE LEON BLVD. SUITE 201 | | | | | |
| CORAL GABLES F | FL | CORAL | GABLES FL 33134 | -5417 | | 3. Date Incorporated or Qualified 3a. Date of Last Report 08/02/1985 05/01/1996 | |
| 2. Principal Plac 21 | ce of Business | 2a. Ma 26 | iling Address | | | 4, FEI Number Applied For 59-2558399 Not Applicable | |
| Sule, Apt #, | elc. | | te, Apt. #, etc. | | | Certificate of Status Desired Sa.75 Additional Fee Required | |
| City & State | ······································ | City | / & State | | | 6. Election Campaign Financing \$5.00 May Be | |
| Zip | Country | 28 Zip | | | intry | 8. This corporation has liability for intangible tax under s. 199.032, | |
| 24 | 25 9. Name and Address of Curre | 29 nt Registere | d Agent | [30] | r | Florida Statutes L Yes L No 10. Name and Address of New Registered Agent | |
| | BS, JEFFREY A | | | | 81 Name | | |
| | PONCE DELEON BLVD STE 2 | 01 | | | 82 Street | Address (P.O. Box Number is Not Acceptable) | |
| | L GABLES FL 33134 | | | | | Address (F.O. Box National is Not Addeptione) | |
| | | | | | 83 | | |
| | | | | | 84 City | FL 85 Zip Code | |
| 11. Pursuant to to | the provisions of Sections 607.050 | 02 and 607.1 | 508, Florida Statul | es, the a | bove-named | corporation submits this statement for the purpose of changing its registered | |
| | familiar with, and accept the oblig | gations of, Se | ction 607.0505, FI | orida Sta | tutes. | poration's board of directors. I hereby accept the appointment as registered | |
| SIGNATURE | geature, typed or product name of registered ag | jent and tile if app | ilicable (NO | E Registere | d Agent signature | required when reinstating) DATE | |
| 12. | OFFICERS AN | ND DIRECTOR | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition | |
| | JACOBS, JEFFREY A | | ☐ DELETE | 1.1 T | | ☐ Change ☐ Addition | |
| | 2330 PONCE DE LEON BLVD |). | | - 1 | AMC TREET AO DRESS | | |
| | CORAL GABLES FL | • | | 1 | ITY-ST-ZIP | | |
| TOLE | | | DELETE | 211 | | Change Addition | |
| NAME | | | | 2.2 N | ame (| | |
| STREET ADDRESS | | | | 2.3 \$ | treet address | { | |
| CITY -ST - Z-P | | | DELETE | 2 4 C | ITY-ST-ZIP | Change Addition | |
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| NAME | | | | 4.21 | IAME . | | |
| NAME (| | | | | ****** | <u> </u> | |
| STREET ADDRESS | | | | 4.3 \$ | TREET ADORESS | | |
| STREET ADDRESS CHY-ST-Z-P | | | DELETE | 440 | ITY-ST-ZIP | The state of the s | |
| STREET ADDRESS CHY-ST-Z-P TITLE | | | DELETE | 44 C | ITY+ST-ZIP TLE | ☐ Change ☐ Addition | |
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| STREET ADDRESS CITY-ST-Z-P TITLE NAME STREET ADDRESS | | | DELETE | 44 C 5.1 Ti 5.2 N 5.3 S | ITY+ST-ZIP TLE AME TREET ADDRESS | ☐ Change ☐ Addition | |
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| STREET ADDRESS CITY-ST-ZP TITLE NAM! STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | | | DELETE | 44 C 5.1 Ti 5.2 N 5.3 S 5.4 C 6.1 Ti 6.2 N 6.3 S | ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP | | |