

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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90001 031 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # H82369

1. Corporation Name
J.A. CALDWELL, INC.

| | |
|---|--|
| Principal Place of Business 2812 N UNIVERSITY DR CORAL SPRINGS FL 33065 US | Mailing Address 2812 N UNIVERSITY DRIVE CORAL SPRINGS FL 33065 US |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|-----------------|----|
| 2. Principal Place of Business 21 PO Box 51239 Suite, Apt. #, etc. | 2a. Mailing Address 26 P.O. Box 51239 Suite, Apt. #, etc. | | |
| 22 | 27 | | |
| 23 Lighthouse Pointe FL City & State Zip 33074 Country | 28 Lighthouse Pointe FL City & State Zip 33074 Country | | |
| 24 33074 | 25 | 29 33074 | 30 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/24/1985 | |
| 4. FEI Number 59-2598236 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

CALDWELL, JOSEPH
2151 NE 27TH CT
LIGHTHOUSE POINTE FL 33064

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | CALDWELL, JOSEPH |
| STREET ADDRESS | 2151 NE 27TH CT |
| CITY-ST-ZIP | LIGHTHOUSE POINTE FL |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | CALDWELL, CHERYL |
| STREET ADDRESS | 2151 NE 27TH CT |
| CITY-ST-ZIP | LIGHTHOUSE POINTE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | CALDWELL JOSEPH |
| 1.3 STREET ADDRESS | P.O. Box 51239 |
| 1.4 CITY-ST-ZIP | Lighthouse Pointe FL 33074 |
| 2.1 TITLE | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | CALDWELL CHERYL |
| 2.3 STREET ADDRESS | SAME AS ABOVE |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 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, with all other like empowered.

SIGNATURE _____ **SIGNATURE REQUIRED** **3/25/99** Date _____ Daytime Phone # _____

CR2E034 (11/98)