04-02-1999 90002 025 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	HROROG
A. Composition Name		1 10000

1. Corporation Name

JACOBS & STRAUS, P.A.

Principal Place of Business

Mailing Address

|--|--|

2424 N. FEDER BOCA RATON	AL HWY, SUITE 411 FL 33431	2424 N. FEDERAL HWY BOCA RATON FL 33431				DO NOT WRITE IN THE 3. Date Incorporated or Qualifed 12/12/1985	IIS SPACE	
2 Princinal P	lace of Business	2a. Mailing Address		•		4. FEI Number	Ac	plied For
21	lace of Business	26				59-2611849	Nc Nc	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75	
	F, 600.	27					Fee Re	
City & Stat	•	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added 1	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year	Intangible	
24	25	29	30	·		Personal Property Tax.		
24	9. Name and Address of Cur		00 .	Ι		10. Name and Address of New Register	ed Agent	
				81	Name			
JAC	OBS, PAUL				Ctroot A	rose (D.O. Boy Number is Not Assentable)		
2424	N. FEDERAL HWY 411			82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
BOC	A RATON FL 33431			83				
	•			Ш				
				84	City	F	[85 Zip (Code
agent. i a SIGNATURE	m familiar with, and accept the ob				signature require	ed when reinstating) DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	PSTD	☐ DELETE	1.1 ΤΓ	TLE		•	Change	Addition
NAME	JACOBS, PAUL	•	1.2 N	AME		•		
STREET AODRESS	2424 N. FEDERAL HIGHWA	Y, SUITE 411	1.3 \$1	TREET A	ADDRESS	•		
CITY-ST-ZIP	BOCA RATON FL 33431	,	1.4 CI	TY-ST-	- ZIP			
TITLE	VPD	DELETE	2,1 TI	TLE			Change	☐ Addition
NAME	STRAUS, GERI S Q		2.2 N	AME		•		
STREET ADDRESS	2424 N. FEDERAL HIGHWA	Y. SUITE 411	2.3 S	TREET /	ADDRESS	÷		
CITY-ST-ZIP	-BOCA RATON FL-33431-		===== :2:4 C	#TY-ST	ZIP		<u></u>	
TITLE		☐ DELETE					Change	☐ Addition
NAME			3.2 N	AME	İ			
STREET ADDRESS			3.3 \$	REET	ADDRESS			
CITY-ST-ZIP				aty-St	- 1			
TITLE		☐ DELETE					Change	Addition
NAME			4.2 N	AME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP			1	ITY-ST			-	
TITLE	-	☐ DELETÉ					☐ Change	Addition
NAME			5.2 N			•		
STREET ADDRESS	, i		5.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	1			TY-ST				
	1				1			

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 off an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

☐ Change

☐ Addition