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

**PROFIT** CORPORATION **ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J46661

(1)

JACK'S OF BROWARD, INC.

**FILED** 

May 05 1998 8:00am

Secretary of State

| Principal Place of Business | Mailing Address                |  |
|-----------------------------|--------------------------------|--|
| 430 S.W. 12TH AVENUE        | 430 SW 12TH AVENUE             |  |
| DEERFIELD BEACH FL 33442    | DEERFIELD BEACH FL 33442<br>US |  |

| Principal Place of Business Mailing Address  |   |                             | t tanning mile menen meeten meeten meen menen minte millen millen millen millen millen millen millen kamt |                        |   |                                   |  |
|--|---|-----------------------------|---|------------------------|---|-----------------------------------|--|
| 430 S.W. 12T   |   | 430 SW 12TH AVENUE          | 2440  |                        |   |                                   |  |
| DEERFIELD BEACH FL 33442<br>US   |   | DEERFIELD BEACH FL 3:<br>US | DEERFIELD BEACH FL 33442  |                        | DO NOT WRITE IN THIS SPACE  |                                   |  |
| •  |   | 50                          |   |                        | 3. Date Incorporated or Qualified   |                                   |  |
|  |   |                             |   |                        | 12/11/1986  |                                   |  |
|  | lace of Business  | 2a. Mailing Address         |   |                        | 4. FEI Number   | Applied For                       |  |
|  | O SANDALFOUT PLZ  | 26 23060 SAN                | PHLPOTT   | ILAZA                  | 65-0000337  | Not Applicab                      |  |
| Suite, Apt.  | E   | Suite, Apt #, etc.          |   |                        | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required |  |
| City & Stat  BOCA  | RATON, FL   | City & State 28 BOCA KATE   | 7   |                        | Election Campaign Financing     Trust Fund Contribution                   | \$5.00 May Be<br>Added to Fees    |  |
| Zip 334  | Country   | 7ip                         | Countr  |                        | 8. This corporation owes or has paid the                                  |                                   |  |
| 4 227  | 25 PALM BENCH<br>9. Name and Address of Current                   |                             | 30  | DAIM BCN.              | Personal Property Tax due June 30.  10. Name and Address of New Registere | Yes No                            |  |
|  |   | недівіегей Аделі            | 81  | Name                   | 10. Name and Address of New Hegistere                                     | d Agent                           |  |
|  | PLDSTEIN, IRVING  |                             | Ľ   | 14dijie                |   |                                   |  |
|  | 360 MIRABELLA CRCL.<br>Ca raton fl 33433                          |                             | 82  | Street Addre           | ss (P.O. Box Number is Not Acceptable)                                    |                                   |  |
| ĐO   | CA RATON FE 33433   |                             | 83  |                        |   |                                   |  |
|  |   |                             | ļ   |                        |   |                                   |  |
|  |   |                             | 84  | City                   | F   | 85 Zip Code                       |  |
| SIGNATURE  | Signature, typed or printed name of region and ages  OFFICERS AND |                             | F: Registered Ag  | ent signature recuired | d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A                  |                                   |  |
| 12.<br>Title   | PD OF TOTAL ANI.  | DELETE                      | 13.<br>1.1 TITLE  |                        | AUDITIONS/CHANGES TO OFFICERS A   | Change Addition                   |  |
| NAME   | GOLDSTEIN, IRVING   |                             | 1,2 NAME  |                        |   |                                   |  |
| STREET ADDRESS   | 23360 MIRABELLA CRCL.   |                             | 1   | I ADDRESS              |   |                                   |  |
| CITY-ST-ZIP  | BOCA RATON FL   |                             | 1.4 CITY-   |                        |   |                                   |  |
| TITLE  | TS  | DELETE                      | 2.1 TITLE   |                        |   | Change Addition                   |  |
| NAME   | GOLDSTEIN, DAVID  |                             | 2.2 NAMÉ  |                        |   |                                   |  |
| STREET ADDRESS   | 7739 VILLA NOVA DR N  |                             | 23 STREE  | 1 ADDRESS              |   |                                   |  |
| CITY-\$1-ZIP   | BOCA RATON FL   |                             | 2 4 CITY-   | ST-ZIP                 |   |                                   |  |
| TITLE  |   | DEL <b>E</b> TE             | 3.1 TITLE   | -                      | •   | Change Addition                   |  |
| NAME<br>STREET ADDRESS   |   |                             | 3.2 NAME  | T ADDRESS              |   |                                   |  |
| CITY-ST-ZIP  |   |                             | 3.4 CITY-   |                        |   |                                   |  |
| TITLE  |   | DELETE                      | 4.1 TITLE   | U. E.I.                |   | ☐ Change ☐ Addition               |  |
| NAME   |   |                             | 4. 2 NAME   |                        |   |                                   |  |
| STREET ADDRESS   |   |                             | 4.3 STREE   | 1 ADDRESS              |   |                                   |  |
| City-St-ZIP  |   |                             | 4.4 CITY -  | ST - ZIP               |   |                                   |  |
| TITLE  | , <del></del> ,,  | DELETE                      | 5 1 TITLE   |                        |   | Change Addition                   |  |
| NAME   |   |                             | 5.2 NAME  |                        |   |                                   |  |
| STREET ADDRESS   |   |                             | 1   | T ADDRESS              |   |                                   |  |
| CITY-ST-ZIP  |   | DELETE                      | 5.4 CITY-1  | ST - ZIP               |   | Phanes Addition                   |  |
| TITLE<br>NAME  |   | LJ Utleit                   | 6.1 TITLE<br>6.2 NAME   |                        |   | Change Addition                   |  |
| STREET ADDRESS   |   |                             |   | ADDRESS                |   |                                   |  |
| SHIPPLING OF THE STATE OF THE S |   |                             |   |                        |   |                                   |  |

CITY-ST-ZIP 14. Thereby 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 suppliemental 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 any attrachement with an address