PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

JASIVIINE	E ENTERPRISES, INC.			_			
Principal Plac	e of Business	Mailing Address				- 4:811 B1811 W1811 VI	(84)
1000 N CONGRESS AVE 5440 N OCEAN DR						*	
UNITS G & H UNIT 206					DO NOT WRITE IN THIS SPACE		
W. PALM BEACH FL 33409 SINGER ISLAND FL 33404 US US					3. Date Incorporated or Qualifed		
••					07/07/1987		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apı	plied For
	18 NORTH MILITARY	TOTALL X) _	59-2823309	, Not	t Applicable
Suite, Apt.		Suite, Apt. #, etc.	m C.		5. Certificate of Status Desired	\$8.75 A	
22		$\sqrt{27}$		<i>-</i>	5. Certificate of Status Desired	Fee Re	quired
City & Stat	e	City & State		 =	==6=Election Gempaign Financing	\$5:00	•
23 W. PALM BEACH FL. 28					Trust Fund Contribution	Added to	o Fees
Zip Q Z	GOUNTY PALME	Zip	Country		8. This corporation owes the current year		
24 33	707 25	-129 30	ــــــــــــــــــــــــــــــــــــــ		Personal Property Tax.	Yes /	MO SS
-	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registere	a whent	11/2/12
RUESCH, JOHN R.							167
5440 N OCEAN DR				Street Addr	ess (P.O. Box Number is Not Acceptable)	\	
206			83	 			
,	GER ISLAND FL 33404						
	1 0 0	_	84	City	F	85 Zip C	Code
44 - 12 - 12 - 12	to the provisions of Sections 607,0502	and 607 1600 Elorida Statutos	the above	a-named com	oration submits this statement for the purpose	of changing its	registered
office or	registered agent, or both, in the state of	Florida. Such change was auth	orized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	gistered
agent. I a	in familiar with, and accept the obligation	ans of, Section 607.0505 Florida	Statutes	i -	Jak	14 /4	704
SIGNATURE	Agnature typed or printed name of registered agent a		10-Ch	nt signature require	d when reinstating) DATE	77 1	77
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	RUESCH, JOHN R		1.2 NAME				
STREET ADDRESS			1.3 STREET	TADDRESS			
CITY-ST-ZIP	A		1.4 CITY-S	T-ZIP			
TITLE			2.1 TITLE			Сhалде	Addition
NAME	RUESCH, LORETTA M 22		2.2 NAME				
STREET ADDRESS	5440 N OCEAN DR #206		2.3 STREET	TADDRESS			
CITY-ST-ZIP	SINGER ISLAND FL 33404		2. 4 CITY-S	ST-ZIP			
TITLE		DELETE.	31.IME_			Change	
NAME		,	3.2 NAME				
STREET ADDRESS			3.3 STREE	TADORESS			
CITY-ST-ZIP			3.4. CITY+S	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	Ì		☐ Change	☐ Addition
NAME	1		4.2 NAME	-			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME '		İ	5.2 NAME		•		
STREFT ADDRESS	1			TADDRESS		•	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	<u></u>		
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME	[6.2 NAME				
STREET ADDRESS			6.3 STREET	TADDRESS			

6.4 SUY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qual indicated on this annual report or supplemental annual report is true and officer or director of the corporation or the receiver or trustee empoyered Block 12 or Block 13 if changed, or on an attactment with an address, we

welly for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indivaccurate and that mysignature shall have the same legal effect as if made under oath; that I am an are to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with the like exemplaced.

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90036 002 ***163.75