

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 # J95965

1. Corporation Name
JARIEL, INC.

Principal Place of Business

304 S. PORT ROYAL LANE
APOLLO BCH. FL 33572
US

Mailing Address

304 S. PORT ROYAL LANE
APOLLO BCH. FL 33572
US

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90019 005 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1987

4. FEI Number

59-2855865

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 120 St. Kitts Way
Suite, Apt. # etc.
22 Apollo Bch, Fl.
City & State

2a. Mailing Address

26 120 St. Kitts Way
Suite, Apt. # etc.
27 Apollo Bch, Fl.
City & State

23 Zip 33572

24 Country Hillsboro

28 Zip 33572

29 Country Hillsboro

9. Name and Address of Current Registered Agent

SHENEBECK, JANN
304 S PORT ROYAL LANE
APOLLO BCH. FL 33572

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 JANN SHENEBECK President

(NOTE: Registered Agent signature required when reinstating)

4/28/99

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME TORNERO, RICHARD
STREET ADDRESS 304 S PORT ROYAL LANE
CITY-ST-ZIP APOLLO BCH. FL

TITLE ST ☐ DELETE

NAME EDINGER, ELLEN
STREET ADDRESS 304 S PORT ROYAL LANE
CITY-ST-ZIP APOLLO BCH. FL

TITLE P ☐ DELETE

NAME SHENEBECK, JANN
STREET ADDRESS 304 S PORT ROYAL LANE
CITY-ST-ZIP APOLLO BCH. FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: JANN SHENEBECK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 1-813-645-7524
Date Daytime Phone #

CR2E034 (1/98)