

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

DEPARTMENT OF  
STATE  
1995



APPROVED  
AND  
FILED

55 MAY 19 AM 10:15

DOCUMENT # **L02175** (2)  
STEINBAUM & ASSOCIATES, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

% ROBERT P. SCHEB  
1605 MAIN ST., SUITE 705 PO DRAWER 4275  
SARASOTA FL 34236-5863

% ROBERT P. SCHEB  
1605 MAIN ST., SUITE 705 PO DRAWER 4275  
SARASOTA FL 34236-5863

21 **6050 PORTER WAY**

2a **P.O. Box 31165**

23 **SARASOTA, FL. ~~34232~~**

2b **SARASOTA, FL.**

24 **34232**

25 **USA**

29 **34232**

30 **USA**

9. Name and Address of Current Registered Agent

3. Effective Date of Renewal	3a. Date of Expiration
<b>07/14/1989</b>	<b>03/08/1994</b>
4. Telephone Number	5. Additional Fee Required
<b>65-0134362</b>	<b>\$8.75</b>
6. Fee for Duplicate Copies of Certificate	7. May Be Added to Fees
<b>\$5.00</b>	<input checked="" type="checkbox"/>
10. Name and Address of New Registered Agent	

SCHEB, ROBERT P.  
1605 MAIN STREET, SUITE 705  
SARASOTA FL 34236

11. I hereby certify that the information furnished herein is true and correct and that the person named as the registered agent is qualified to receive service of process.

12. **DPS  
STEINBAUM, MICHELE L.  
7352 RANGI DR  
SARASOTA FL**

14. SIGNATURE: *Michele L. Steinbaum* **MICHELE L. STEINBAUM, PRESIDENT** **5/12/95** **813-378-4159**

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED AND FILED**  
MAY 19 10:15  
SECRETARY OF STATE  
TREASURER, FLORIDA

DOCUMENT # **L02650** (4)  
1. Corporate Name  
**JAGGS OF THE PALM BEACHES, INC.**

Principal Place of Business: **1290 CIRCLE LAKE DRIVE WEST PALM BEACH FL 33417**  
Mailing Address: **1290 CIRCLE LAKE DRIVE WEST PALM BEACH FL 33417**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified <b>07/18/1989</b>	3a. Date of Last Report <b>10/06/1994</b>
4. FE Number <b>65-0129766</b>	Applied Fee Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election to participate in the Florida Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under Chapter 200, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Name of Officer	2a. Mailing Address
21	26
3. Name of Agent	3a. Mailing Address
22	27
4. City & State	4a. City & State
23	28
5. County	5a. County
24	29
6. County	6a. County
25	30

9. Name and Address of Current Registered Agent <b>CRAFT, DONNA 248 TRAIL END WEST PALM BEACH FL 33413</b>	81 Name	10. Name and Address of New Registered Agent
	82 Street Address (P.O. Box Number is Not Applicable)	
	83	
	84 City	85 State
		<b>FL</b>

11. Pursuant to the provisions of the laws of the State of Florida that require, the above named corporation, submit this statement for the purpose of changing its registered agent or registered office, or both, and that the Florida Department of State has approved this statement, I, the undersigned, being duly sworn, do hereby accept the appointment as registered agent for the corporation with effect on the date of filing of this statement, to wit: **10/06/1994**.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS AND DIRECTORS
NAME: <b>P FERRUGGIA, CATHERINE J</b>	NAME:
STREET ADDRESS: <b>3987 CIRCLE LK DRIVE W PALM BCH FL</b>	STREET ADDRESS:
CITY:	CITY:
STATE:	STATE:
NAME: <b>VP CRAFT, DONNA J</b>	NAME:
STREET ADDRESS: <b>1204 12TH LANE LAKE WORTH FL</b>	STREET ADDRESS:
CITY:	CITY:
STATE:	STATE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY:	CITY:
STATE:	STATE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY:	CITY:
STATE:	STATE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY:	CITY:
STATE:	STATE:

14. I, the undersigned, hereby declare that the above information is true and correct to the best of my knowledge and belief, and I am duly sworn, and I hereby accept the appointment as registered agent for the corporation with effect on the date of filing of this statement, to wit: **10/06/1994**.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**56295 407-471-9008**