CO	PROFIT RPORACION UAL REPORT 1998	Sandra B. Secretary	TMENT OF STATE Mortham y of State ORPORATIONS	FILED		
DOCUMENT # L12622				98 OCT 23 AM 10: 14		
Jackle AND DAUGHTERS INT				SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Principal Plac	ce of Business	Mailing Address		_		
320 HOPSICAREN DRIVE				DO NOT WRITE IN THIS SPACE		
HAPLES FL 3H 110				3. Date Incorporated or Qualified		
Principal Place of Business 2a. Mailing Address				8 /2 3 1 8 9 4. FEI Number Applie	ed For	
21 Suite, Apt	# ptc	Suite, Apt. #, etc.		65-0138306 Not A	pplicable	
22		27	- 14. · 1.4 · 4.	5. Certificate of Status Desired		
City & Stat	re	City & State	- 1	6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to F		
Zip 24	Country 25	Zip	Country 30	8. This corporation owes or has paid the current year Intangi Personal Property Tax due June 30.	ible	
24	9. Name and Address of Curren		30	10. Name and Address of New Registered Agent	<u> </u>	
T	ELLE ROSSAN	3	81 Name			
320 HORSECREEK DRIVE			82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
Switt 103			83			
NAPLES FL 34110 84 City				FI 85 Zip Code		
11. Pursuant			, the above-named corp		istered	
office or r agent. I a	egistered agent, or both, in the State of im familiar with, and accept the obliga	of Florida. Such change was aut tions of, Section 607.0505, Florid	horized by the corporat da Statutes.	oration submits this statement for the purpose of changing its region's board of directors. I hereby accept the appointment as regist	ered	
SIGNATURE	Signature typed or printed name of registered ager	at and title if apolicable (NOTE	Registered Agent signature requ	red when reinstaling)		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	V 12 6	
TITLE NAME	PRESTOCIUT	☐ DELETE	1.1 TITLE 1.2 NAME	☐ Change ☐	N 12	
STREET ADDRESS	Jother Rossans	11 = BIECARTIC DONNE	1.3 STREET ADDRESS		03/	
CITY-ST-ZIP	MARIES F2 3411	2 41=5	1,4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE	900002675229-	Addition O	
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS	-10/28/980109701	8	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	****550.00 ****550	.00 _	
TITLE		☐ DELETE	3.1 TITLE	Change	Addition	
NAME STREET ODRESS			3 2 NAME 3 3 STREET ADDRESS			
CITY - T - ZIP			34 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	☐ Change	Addition	
name Street address			4, 2 NAME 4,3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	Y	☐ DELETE	5.1 TITLE	☐ Change	Addition	
NAME			5 2 NAME			
STREET ADORESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	_		
TITLE		☐ DELETE .	6 1 TITLE	☐ Change ☐	Addition	
NAME CERTET ASSESS			6 2 NAME	(SI)		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	177		
14. I hereby o	certily that the information supplied wit on this annual report or supplemental	h this filing does not qualify for t annual report is true and accura	he exemption stated in	Section 119.07(3)(i), Florida Statutes. I furber certify that the inform e shall have the same legal effect as if made under oath; that I am ired by Chapter 607, Florida Statutes, and that my name appears i	nation an	
officer or of Block 12 of	director of the corporation of the recer or Block 13 if changed, or on an attact	ver or trustee empowered to exernment with an address.	ecute this report as requ	red by Chapter 607, Florida Statutes; and that my name appears i	in	
SIGNAT	URE: Por Late	If Liner		812138 941 5914	11 × 11	
		PRINTED MAKE OF SIGNING OFFICER OF				