

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Mar 05 1998 8:00am
Secretary of State

DOCUMENT # **L14262** (4)
Corporation Name
JENDOMAR INC.



Principal Place of Business
% RICHARD PALLISSO
1801 MONTE CARLO WAY
CORAL SPRINGS FL 33071

Mailing Address
% RICHARD PALLISSO
1801 MONTE CARLO WAY
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 09/08/1989 | |
| 4. FEI Number 65-0144136 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent PALLISSO, RICHARD 1801 MONTE CARLO WAY CORAL SPRINGS FL 33071 | | 10. Name and Address of New Registered Agent 81 Name Jennifer H. Pallisso 82 Street Address (P.O. Box Number is Not Acceptable) 1801 Monte Carlo Way 83 84 City Coral Springs FL 85 Zip Code 33071 | |
|---|--|---|--|

11. Pursuant to the provisions of Sections 607.0603 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 *Jennifer H. Pallisso* **2-25-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| TITLE D | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME PALLISSO, RICHARD | | 1.2 NAME Jennifer H. Pallisso | |
| STREET ADDRESS 1801 MONTE CARLO WAY | | 1.3 STREET ADDRESS 1801 Monte Carlo Way | |
| CITY - ST - ZIP CORAL SPRINGS FL | | 1.4 CITY - ST - ZIP Coral Springs, FL 33071 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> DELETE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 unchanged, or on an attachment, with an address.

SIGNATURE: *Jennifer H. Pallisso* **2-25-98 (954) 968-1188**

CR2E034 (10/97)