

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

FILED

00 MAY -1 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FL



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1989

4. FEI Number

05-0146990

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAFFEE, LENORA
9520 TOLEDO LANE
FT. LAUDERDALE FL 33324

81 Name

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

83

84 City

FL

85

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OST
JAFFEE, LENORA
4801 SOUTH UNIVERSITY DR, STE. 219
DAVE FL 33328

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

900003256879--2
-05/18/00--01023--011
****155.00 ****155.00

☐ Change

☐ Addition

DP
JAFFEE, LOIS K.
4801 SOUTH UNIVERSITY DRIVE, STE. 219
DAVE FL 33328

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

DV
JAFFEE, JAMES L.
4801 SOUTH UNIVERSITY DR, STE. 219
DAVE FL 33328

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

LS

I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information, 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SECRETARY OF STATE OR DIRECTOR

Date

Daytime Phone

JAFFEE, LENORA
3/15/99 (954) 452-6930

4/28/00
4/12/00

CR2E034 (11/98)