FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 \$150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90051 039 ***150.00

TOO NOT WRITE IN THIS SPACE

| DOC | JMENT | # 1 . | ላይვጋላ |
|-----|-------|-------|----------------|
| | | " [_4 | 400 2 4 |

1. Corporation Name

JENNY - MADISON INC.

| Principal Pla | ace of | Business |
|---------------|--------|----------|
|---------------|--------|----------|

Mailing Address

1420 NW 85TH WAY PLANTATION FL 33322

1420 NW 85TH WAY PLANTATION FL 33322

| | | | | | 3. Date Incorporated or Qualifed 02/02/1990 | | |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------|----------------|
| | | an Mailine Address | | | 4. FEI Number | | pplied For |
| | ace of Business | 2a. Mailing Address | | | | | lot Applicable |
| 21 | | 26 | | | 65-0176754 | | |
| Suite, Apt. #, etc. 27 | | ⊢ , ' ' ' | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired \$8.75 Additional Fee Required | | |
| City & State | • | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | May Be |
| 23 | Country Zip Country | | 8. This corporation owes the current year Intangible | | | | |
| Zip | Country | Zip | , | , | | Yes | □No |
| 24 | 25 | | 30 | | 10. Name and Address of New Registered Ag | | |
| 9. Name and Address of Current Registered Agent 81 | | | | | | | |
| PDA | DY, MARK | | " | INGINE | | | |
| | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | NW 85TH WAY | | | | وم في ريا | | |
| PLAN | NTATION FL 33322 | | 83 | | | | |
| | | | 84 | City | FL | 85 Zip | Code |
| | | | | <u></u> | | Щ. | |
| office or re | to the provisions of Sections 607.06 egistered agent, or both, in the Stat n familiar with, and accept the oblic | te of Florida. Such change was at | utnorizea ov | tne corporat | poration submits this statement for the purpose of chicon's board of directors. I hereby accept the appointr | nent as r | registered |
| SIGNATURE | | | Desistered Age | nt sianatura raquir | red when reinstating) DATE | | |
| | Signature, typed or printed name of registered a | AND DIRECTORS | 13. | nt signature reduii | ADDITIONS/CHANGES TO OFFICERS AND | DIRECT | ORS IN 12 |
| 12. | | DELETE | 1.1 TITLE | | | Change | |
| ΠLE | SD | | | | • | | _ |
| NAME | BRODY, MARK | | 1.2 NAME | | | | |
| STREET ADDRESS | 1420 NW 85TH WAY | | 1.3 STREE | TADDRESS | | | |
| CITY-ST-ZIP | PLANTATION FL | | 1.4 CITY- S | T-ZIP | | | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | j | | Change | Addition |
| NAME | BRODY, MILDRED | | 2.2 NAME | | | | |
| STREET ADDRESS | 1420 NW 85 WAY | | 2.3 STREE | TADORESS | | | |
| CITY-ST-ZIP | PLANTATION FL 33322 | | 2. 4 CITY- | ST-ZIP | • | | |
| TITLE | 1 DUTINION I E GOOLE | ☐ DELETE | 3.1 TITLE | | | Change | Addition |
| NAME | | _ | 3.2 NAME | | | | |
| | | | 1 | T ADDRESS | | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 3.4. CITY-: | 51-ZIP | | ☐ Change | e Addition |
| TITLE | | DELETE | , . | | ا یہ وی رسونسیت د | | ٠ - السيبا |
| NAME | | | 4.2 NAME | | | | |
| STREET ADDRESS | | | | TADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | ST-ZIP | | | ∧ddision |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | ☐ Change | e |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREE | TADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CiTY-5 | ST-ZIP | | | |
| TITLE | - | ☐ DELETE | 6.1 TITLE | | | Change | Addition |
| WARE . | | <u></u> | 6.2 NAME | | | | |

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/70/99 3056673700