PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90081 038 \*\*\*150.00

DOCUMENT	#	687	<b>'</b> 87
	_	,	$\mathbf{\circ}$

1. Corporation Name

JEWETT,	, INC.								
Principal Place	e of Business	Mailing Address				\$81(\$11 BID BIND (BIN) INDER IRNI		)) <b>Viù</b> l <b>a</b> is	7() BIBIL BISIT 148
3721 SW 47TH FORT LAUDERL US	COURT DALE FL 33312-413	777 BAYSWATER COURT WALNUT CREE CA 94598-662 US			3	DO NOT WRITE	E IN THIS S	PACE_	<del>***</del> · ·
						04/26/1990			A P 15
<u> </u>	lace of Business	2a. Mailing Address			4	FEI Number		<del> </del>	Applied For
21		26				<u>65-0188730</u>			Not Applicabl  5 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5	. Certifcate of Status Desired		Fee	Required
City & Stat	e	City & State			6	Election Campaign Financing Trust Fund Contribution			May Be ed to Fees
Zip	Country 25	Zip 30	Country	•	8	. This corporation owes the currer Personal Property Tax.		ngible Yes	⊠No
24	9. Name and Address of Current	<u> </u>	1		10	Name and Address of New Re	gistered A	gent	
JEWETT, BRUCE H. 3721 SOUTHWEST 47TH COURT FT. LAUDERDALE FL 33312		82	81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83						
			84	City			FL	85 Zi	ip Code
office or o	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	orized by	the corpora	orporation stion s	on submits this statement for the p locard of directors. I hereby accept	тпе арроінц	nanging ment as	its registered registered
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature requ	uired when		DATE		
12.	OFFICERS AND		13.	·····		ADDITIONS/CHANGES TO OFF			
TITLE	DT	☐ DELETE	1.1 TITLE					☐ Chang	3e □ Madaia
NAME	JEWETT, HARLAN E.		1.2 NAME						
STREET ADDRESS	1		1.3 STREE	TADDRESS					
CITY-ST-ZIP	MEDINA OH 44256		1.4 CITY-S	T-ZIP					F-1-14
TITLE	DS	☐ DELETE	2.1 TITLE					Chang	ge 🔲 Additi
NAME	JEWETT, DELORES G.		2.2 NAME	1					
STREET ADDRESS	5853 DEERVIEW LANE		2.3 STREE	TADORESS					
CITY-ST-ZIP	MEDINA OH 44256		2. 4 CITY-5	ST-ZIP					

ion □ DELETE TITLE 3.1 TITLE JEWETT, BRUCE H. 3.2 NAME NAME 3721 SW 47TH COURT 3.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 4.1 TITLE TITLE SYME, JENNIFER J. NAME 4 2 NAME 235 W. FRIENDSHIP ST STREET ADDRESS 4.3 STREET ADDRESS MEDINA OH 44 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Buy Helioth - Pro Bruce H. Jewet

02-09-9

(954) 989 - 838 Y Daytime Phone #

:R2E034 (11/98)