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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA OEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L 81951 1. Corporation Name

(8)

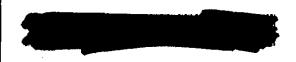
JADE III, INC

Principal Place of Business										
4925	COCONUT	CREEEK	PARKWAY							

Mailing Address

2530 N POWERLINE ROAD #401

FILED Mar 30 1998 8:00am Secretary of State



COCONUI CREEK, FL 33063 POMPANO BEACH					CH, 1	I, FL 33069			DO NOT WRITE IN THIS SPACE				
									3. Date Incorpora	ted or Qualified			
									6/18/1	990			
2. Principal Place of Business		2a.	a. Mailing Address				4. FEI Number			A	pplied For		
21			26	آءَ آھ				65-021	3551		N	ot Applicable	
Şuit	e, Apt. #, etc.			Suite, Apt. #, etc.			S. Contilled at Di	abus Dasies d		\$8.75	Additional		
22		27					5. Certificate of Si	atus Desired	<u> </u>	Fee R	beriupe		
City	& State			City & State			6. Election Campa	aign Financing		\$5.00	May Be		
23			28						Trust Fund Cor	tribution			to Fees
Zip		Country		Zip	c	ountry			8. This corporatio	n owes or has p	aid the cu	rrent year in	itangible
24		25	29		30					rty Tax due June			□ No
	9, Name	and Address of Current	Regis	tered Agent					10. Name and Add	iresa of New Re	egistered	Agent	
						81	Na	me					
						82 Street Address (P.O. Box Number is Not Acceptable)							
							-						
L	AM, JOHN					83							
22	2620 BLUE 1	IN TRAIL				04	Cit.		<u> </u>	<u> </u>		102 70	<u> </u>
В	OCA					84	Cit	/			FL	85 Zip	Code
11. Pu	rsuant to the provis	ions of Sections 607.0502	and 60	07.1508, Florida Statute	es, the	above	-กลก	ned corpo	ration submits this st	atement for the	purpose o	f changing	its registered
off	ice or registered at ent I am temiliar w	ent, or both, in the State of the and accept the obliga	of Floric	ia. Such change was a Section 607 0505. Fic	authoriza oride St	ed by	the	corporatio	on's board of director	s. I hereby acce	pt the app	ointment as	s registerea
				, 0000011 001 .0000, 1 .0	J. 100 Q.	a	,,						
SIGNA		nega benefit of registered agen	and title	If applicable. (NOT)	E: Aegister	red Age	nt sign	ature required	d when feinstaling)		DATE		
12.		OFFICERS AND			13	_			ADDITIONS/CH/	ANGES TO OFFI	CERS ANI	DIRECTO	RS IN 12
TITLE	PTD S			DELETE.	1,1	TITLE						Change	Addition
NAME					1.2	NAME							
STREET A	DORESS LAM,				_ 1.3	1.3 STREET ADDRESS		SS					
CITY-ST-	ZIP 22020	BLUE FIN TRA	LL,	BOCA RATON, F	L 1.41	1,4 CITY+ST-ZIP							
TITLE	VD			DELETE		TITLE			· · · · · · · · · · · · · · · · · · ·			☐ Change	Addition
NAME	ſ '-	WO, RITA			2,2	. 2,2 NAME							
STREET A		W GLADES ROAD			2.3	STREET	ADDRE	ss					
CITY-ST-		ATON, FL			2. 4 CITY - ST - ZIP								
TITLE	SD DELETE			_	3.1 TITLE						Change	Addition	
NAME	ABRAM	ISKT. MAY			3.2	3.2 NAME							
NAME ABRAMSKI, MAY STREET ADDRESS 474 NE 12TH STREET			1	3.3 STREET ADDRESS		22		•					
CITY-SI-ZIP BOCA RATON, FL				3.4. CITY-ST-ZIP		~							
TITLE				DELETE		TITLE	, - wif	+				Change	Addition
NAME				 = 		NAME		ŀ				_ •	
STREET AL	223800					STREET	AUUBE	20					
CITY-ST-						CITY-S1		~					
TITLE	<u> </u>			DELETE	_	TITLE	- Zir					Change	Addition
NAME	ì	•				NAME		1		برفيت المراشين			
STREET AL	nnerec 223801					STREET .	ልተለሰነውና	ee	300001 -027217	02472 9801019		3	
CITY-ST-						CITY-SI		~	=05/51/ ***150.1	00 2001012	2010	I	
TITLE	4.07			DELETE		TITLE	1 - 417		<u> 東京東エンロ。</u>	<u>JU</u>		Change	Addition
NAME	1				1	NAME						^	<u></u>
STREET AL	neces					NAME STREET :	*U DOL					\mathcal{P}_{i}	2
	i i							33				' 1	2.30
CITY+ST-		a information supplied with	thia fi	ling does not quelify to		CITY - ST	1-ZIP	taled is S	notion 110 07/21/3 5	lovida Statidas	l further o	actify that th	e information

indicated on this annual report or supplied with this lilling does not quality 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. On an attachment with an address?

3-20-5'f