

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L95302 (0)
1. Corporation Name
JERID, INC.

Principal Place of Business
737 N POWERLINE RD
DEERFIELD BEACH FL 33442

Mailing Address
P.O. BOX 4348
FALLS CHURCH VA 22044



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1990

4. FEI Number

65-0221957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 737 VILLA PORTOFINO CIRCLE

Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

9. Name and Address of Current Registered Agent

SCHUMER BARBARA J.

~~737 N POWERLINE RD~~ 737 VILLA PORTOFINO CIRCLE
DEERFIELD BEACH FL 33442

THIS IS STREET NAME CHANGE ONLY

10. Name and Address of New Registered Agent

81 Name

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

737 VILLA PORTOFINO CIRCLE

83

84 City

FL

85 Zip Code

11. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME JOSEPH, DAVID A. ☐ DELETE
STREET ADDRESS P.O. BOX 4348 N/A
CITY-ST-ZIP FALLS CHURCH VA

TITLE S
NAME SCHUMER BARBARA J. ☐ DELETE
STREET ADDRESS 737 NORTH POWERLINE RD.
CITY-ST-ZIP DEERFIELD BCH, FL 33442

TITLE DS
NAME JOSEPH, SUZANNE S. ☐ DELETE
STREET ADDRESS P.O. BOX 4348 N/A
CITY-ST-ZIP FALLS CHURCH VA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600002590546

-07/16/98--01015--048

***150.00

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.

SIGNATURE *David A. Joseph*

7/16/98 *737 5280033*

CR2E034 (5/98)

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JERID, INC.

P.O. BOX 4348
FALLS CHURCH, VIRGINIA 22044

(703) 578-0022
FAX (703) 578-3631

July 10, 1998

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Gentlepersons:

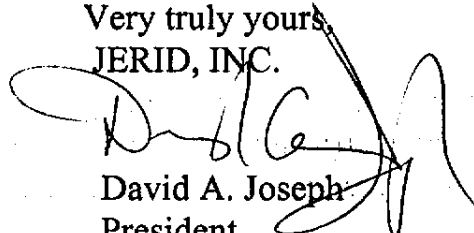
I just received the annual report packet. It is the one labeled second notice.

Last year I had never received any report packet nor responses to requests for forms. With the help of persons in your office, that was resolved by filing a whited out copy of an old form. Also changes were made to the mailing address. This second notice packet is the first mail from the State that we have received at the new correct address. We didn't receive a first packet at the Virginia or Florida address.

This is a small corporation, with zero revenue so far this year, and it is our intention to file in a timely manner. This would have been done if we had received the original annual report packet. I respectfully request that any penalty for late filing be waived.

Thank you for your consideration.

Very truly yours,
JERID, INC.


David A. Joseph
President