

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

DOCUMENT # M07345

1. Corporation Name

JAY H. WILLER & ASSOCIATES, INC.

Principal Place of Business
465 GOOLSBY BLVD
DEERFIELD BEACH FL 33442

Mailing Address
465 GOOLSBY BLVD
DEERFIELD BEACH FL 33442

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90064 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1984

4. FEI Number

59-2461085

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

2. Principal Place of Business

21 5925 Rodman St.

Suite, Apt. #, etc.

City & State

23 Hollywood, FL 33023

Zip

Country

24 33023

25

Broward

2a. Mailing Address

26 2681 S. Concourse Dr.

Suite, Apt. #, etc.

City & State

28 Pompano Beach, FL 33069-3990

Zip

Country

29 33069-3990

30

Broward

9. Name and Address of Current Registered Agent

WILLER, JAY H.
465 GOOLSBY BLVD.
SUITE 205
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name

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

83 2681 S. Course Drive Ste. 201, Bldg 22

84 City

Pompano Beach, FL. 33069

FL

85 Zip Code

33069

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	D	<input type="checkbox"/> DELETE
NAME	WILLER, BETTY K	
STREET ADDRESS	465 GOOLSBY BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WILLER, JAY H	
STREET ADDRESS	465 GOOLSBY BLVD	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2681 S. Course Dr. Ste. 201, Bldg 22
1.4 CITY-ST-ZIP	Pompano Beach, FL 33069
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2681 S. Course Dr. Ste 201, Bldg 22
2.4 CITY-ST-ZIP	Pompano Beach, FL 33069
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

Jay H. Willer
Signature and Typed or Printed Name of Signing Officer or Director

3-16-99
Date

954-893-1888
Daytime Phone #

PAY SEND CHECK + SEC

CR2E034 (11/98)