

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90245 013 \*\*\*150.00

DOCUMENT # M33179

1. Corporation Name

J.P.P. ENTERPRISES, INC.

Principal Place of Business

7800 W OAKLAND PK BLVD  
BLDG "G"  
SUNRISE FL 33351

Mailing Address

7800 W OAKLAND PK BLVD  
BLDG "G"  
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1986

4. FEI Number

65-0013711

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

9. Name and Address of Current Registered Agent

BEHAR, LARRY J.  
750 S.E. 3RD AVENUE  
STE.300  
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

REJEAN LAPIERRE

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

7800 W. OAKLAND PARK BLVD

83

BLDG "G"

84 City

SUNRISE

FL

85 Zip Code

33351

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

1/15/99

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME  
LAPIERRE, REJEAN  
STREET ADDRESS  
7800 W OAKLAND PK BLV #6  
CITY-ST-ZIP  
SUNRISE FL

D ☐ DELETE

NAME  
PRUD'HOMME, ALINE  
STREET ADDRESS  
7800 W OAKLAND PARK BLVD #G  
CITY-ST-ZIP  
SUNRISE FL

☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PRESIDENT

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DALINE PRUD'HOMME 1/15/99 954-749-8802

CR2E034 (11/98)