

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED AND FILED *Ag 1 of 2*

1999 JUL 19 PM 4: 28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

186500

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M42157
 1. Corporation Name
RED JAGUAR CORPORATION

Principal Place of Business ASHER INSURANCE GROUP 7902 NW 36 ST #203 MIAMI FL 33166 US	Mailing Address ASHER INSURANCE GROUP PO BOX 522500 MIAMI FL 33152 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/24/1986	
21 1541 BRICKELL AVENUE	26 1541 BRICKELL AVENUE	4. FEI Number 59-2748051		Applied For Not Applicable	
22 APT 2605	27 APT 2605	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 MIAMI, FLORIDA	28 MIAMI, FLORIDA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33129	25 USA	29 33129	30 USA	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MALAND, ROBERT C.
 ONE DATRAN CENTER, SUITE 1409
 9100 S DADELAND BLVD
 MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number, if Not Applicable)	300002938933--2
83	-07/22/99-01080-002
84 City	FL
85 Zip Code	***150.00 ***150.00

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALAND, ROBERT C.	1.2 NAME	
STREET ADDRESS	7902 NW 36 ST #203	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHER, JAMES G.	2.2 NAME	
STREET ADDRESS	7902 NW 36 ST #203	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *James G. Asher* **7/13/99** **AD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

A3 2

Asher Group

the asher insurance group, inc.

July 12, 1999

Mr. Andy Dunlap
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO Box 6327
Tallahassee, FL 32314

RE: Annual Reports

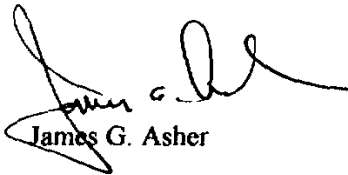
Dear Mr. Dunlap:

Kindly be advised that we have not been in receipt of the following Annual Corporate Report for the following companies:

1. Port Malibar Properties, Inc.
2. Red Jaguar Corporation
3. Garden Properties, Inc.
4. Ft. Myers Properties, Inc.
5. Daniel Michael Corporation

I have experienced two recent operations as well as a change in secretaries and as a result have not received the report packet.

Please be so kind as to waive the penalty on the above referenced corporations. Thanking you in advance,



James G. Asher