

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 08 1998 8:00am
Secretary of State

DOCUMENT # N97000000028 (7)

1. Corporation Name

JERICO, INCORPORATED



Principal Place of Business

Mailing Address

9345 SW 170 LANE
MIAMI FL 33157

9345 SW 170 LANE
MIAMI FL 33157

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARINGTON, LAVONDA R
9345 SW 170 LANE
MIAMI FL 33157

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *L. Lavonda R. Clarington*
Signature, typed or printed name of registered agent, applicable if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/1/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME CLARINGTON, LAVONDA R
STREET ADDRESS 9345 SW 170 LANE
CITY-ST-ZIP MIAMI FL 33157

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME MCNEAL, FELICIA
STREET ADDRESS 11300 SW 200 STREET #C210
CITY-ST-ZIP MIAMI FL 33157

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Lorraine Wooten
2.3 STREET ADDRESS 14849 S.W. 164 Terr
2.4 CITY-ST-ZIP Miami, Florida 33187

TITLE VD ☐ DELETE
NAME WOOTEN, LEONARD
STREET ADDRESS 20630 SW 117TH AVENUE
CITY-ST-ZIP MIAMI FL 33177

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME HOLMES, ROBERT
STREET ADDRESS 13216 SW 285 TERRACE
CITY-ST-ZIP HOMESTEAD FL 33032

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME 1st Vice President
5.3 STREET ADDRESS Sean Holloway
5.4 CITY-ST-ZIP 11860 S.W. 183 St
Miami, FL 33177

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *L. Lavonda R. Clarington* / Lavonda R. Clarington 7/1/98 305-235-3975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)