

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90271 013 ***150.00

DOCUMENT # P17271

1. Corporation Name
JADEMAR CORPORATION (FSC)

Principal Place of Business
381 PARK STREET
HACKENSACK NJ 07601

Mailing Address
381 PARK STREET
HACKENSACK NJ 07601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/17/1987

4. FEI Number
66-0421301

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$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 10125 NW 116 Way

2a. Mailing Address
26 10125 NW 116 Way

Suite, Apt. #, etc.
22 Suite 10

Suite, Apt. #, etc.
27 Suite 10

City & State
23 Miami, FL

City & State
28 Miami, FL

Zip
24 33178

Country
25 USA

Zip
29 33178

Country
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE MARTINO, GARY
20051 OCEAN KEY DR
BOCA RATON FL 33498

81 Name
de Martino, Gary
82 Street Address (P.O. Box Number is Not Acceptable)
6112 NW 124th Drive
83
84 City
Coral Springs FL 85 Zip Code
33076

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DE MARTINO, JOSEPH, JR.
32 STURBRIDGE CR
WAYNE NJ

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☒ Change ☐ Addition
6157 NW 124th Drive
Coral Springs, FL 33076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
DE MARTINO, GARY
20051 OCEAN KEY DRIVE
BOCA RATON FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☒ Change ☐ Addition
6112 NW 124th Drive
Coral Springs, FL 33076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph De Martino, Jr. 4/16/99 305 888-7771

Date

Daytime Phone #

0257355

CR2E034 (11/98)