**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P39461

1. Corporation Name

JETRO CASH AND CARRY ENTERPRISES, INC.					
Principal Place	of Business	Mailing Address		I Phylodi Phy (((15 Idil) minch desus ven desus se	Til Bibit Atfilt Bibit grått teat
15-24 132 ST		15-24 132 ST			
COLLEGE POINT NY 11356 COLLEGE POINT NY 11356				DO NOT WRITE IN THIS	SPACE
us us				3. Date Incorporated or Qualified	<del></del>
	•			06/24/1992	
		2a. Mailing Address		4. FEI Number	Applied For
<u> </u>	lace of Business	<del></del>	•	13-2847390	Not Applicable
21	#	Suite, Apt. #, etc.		_	\$8.75 Additional
Suite, Apt.	w, etc.	27		5. Certificate of Status Desired	Fee Required
- City R. State		City & State		g, Election Campaign Financing	\$5:00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zlp	Country	8. This corporation owes the current year Inte	
24	25	29	30	Personal Property Tax.	AYes []No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
			81 Name	- FLEISHMAN, STAND	<i>ιε</i> γ
RUBANENKO, SAMUEL B.			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	N.W. 12TH AVENUE		<u> </u>	1041 N.W. 12	th AVENUE
MIAN	/II FL 33127		83		
}			84 City	1414	85 Zip Code 33/273
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose or changing its registered					
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 chariging 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	S.	Flerihmon,	ver when		\
	Signatore, typed or printed name of registered agent		Registered Agent signature request.  13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
12.	OFFICERS ANI		1.1 TITLE	Applitional Croated to Cition to	
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	''	☐ DELETE		•	Addition =
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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.

**FILED** 

Mar 12, 1999 8:00 am Secretary of State

03-12-1999 90036 009 \*\*\*300.00