Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90186 040 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POONOO10589

1. Corporation JFF INVI	ESTMENTS, INC.	01000								
Principal Plac	e of Business	Mailing Addr	ess			1100	ER OL SIO 10110 11051 AUSTI A	kint Affill Bard		1 1851 M 1811 1801
85 COCONUT AVE 85 COCOANUT AVE										
SARASOTA FL 34236 SARASOTA FL 34236						DO NOT WR	ITE IN THE	S SPACE		
US		US				3. Date noo	rporated or Qualifed			
						12/07/1				-
2. Principal P	lace of Business	2a. Mailing A	ddress			4. FEI Numb			Ar	plied For
21		26				65-0380)296		No	t Applicable
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.	*			of Status Desired		\$8.75	dditional
22		27				5. Certificate	Or Status Desired		Fee Re	quired
City & Stat	e	City & St	ate			6. Election C	ampaign Financing		\$5.00	
23		28				Trust Fun	d Contribution		Added	to Fees
Zip 24	Country 25	Zip	Г:	Country 30			oration owes the curr Property Tax.	rent year Ir	ntangible ☐ Yes	MNo
	9. Name and Address of Currer	t Registered Age	nt			10. Name an	d Address of New	Registered	l Agent	
				81	Name					
CASWELL & HARRIS				82	Street Add	dress (P.O. Box N	ımber is Not Accept	able)		
	CHRISTOPHER K CASWELL			83						
	5 N PALM AVE									
SAH	ASOTA FL 34236			84	City				85 Zip (Code
	to the provisions of Sections 607.050				-			F <u>`l</u>	L	
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obligation of the state	tions of, Section 6	07.0505, F ori	da Statutes		red when reinstating	ctors. Thereby acce	DATE		- — _
12.	OFFICERS AN	DIRECTORS		13.		NCITIDDA	S/CHANGES TO OF	FICERS A		
TITLE	P		DELETE	1.1 TITLE					Change	☐ Addition
NAME	SCHULMAN, LOIS			1.2 NAME	}					1
STREET ADDRESS	435 S GULFSTREAM AVE			13 STREET	TADORESS					
CITY-ST-ZIP	SARASOTA FL 34236	- 		1.4 CITY-S	T- ZIP					
TITLE	VP	L] DELETE	2.1 TITLE					☐ Change	Addition
NAME	SCHULMAN, GORDON			2.2 NAME						
STREET ADDRESS	435 S GULFSTREAM AVE			2.3 STREET						
CITY-ST-ZIP	SARASOTA FL 34236		DELETE	2.4 CITY-S 3.1 TITLE	T-ZIP				Change	Addition
TITLE		L	1 DECE 15	1	}					
NAME				3.2 NAME	T ADDDCCC					
STREET ADDRESS				3.4. CITY-S	TADDRESS					
CITY-ST-ZIP		- — - F	DELETE	4.1 TITLE	91-ZIP				☐ Change	Addition
NAME				4. 2 NAME					0	_
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				4.4 CITY-S						
TITLE			DELETE	5.1 TITLE					Change	Addition
NAME				5.2 NAME						}
STREET ADDRESS				5.3 STREET	FADDRESS					
CITY-ST-ZIP				5,4 CITY-ST	T-ZIP					
TITLE .			DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME !				62 NAME						İ

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 recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attact ment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS