## 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

## DOCUMENT # **P92000014323** 1. Corporation Name

JRF HOL	DINGS, INC.				
Principal Place	e of Business	Mailing Address			OI SIGNI DIDER INNS SIRBA ISIN SERV
2700 W. ATLANT SUITE 200-30 POMPANO BEAC US	TIC BLVD.	P.O. BOX 22799 FT LAUDERDALE FL 33335 US	•	DO NOT WRITE IN TI	HIS SPACE
US				12/28/1992	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	add of Boomood	26		65-0378343	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	`	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29 3	10	Personal Property Tax.	☑Yes ☐No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Register	ed Agent
1	res, ronald r esq e hallandale beach blvi	· •		ories, Roy Id R. 559. dress (P.O. Box Number is Not Acceptable) dress (P.O. Box Number is Not Acceptable)	215
HALL	ANDALE FL 33009		83		
			84 City /	iami Cakes F	Zip Codp スマクク
l office or r	registered agent, or both, in the Sta	ate of Florida. Such change was aut	s, the above-named co	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered
agent. I a	m familiar with, and accept the sb	igations of Section 607.0505, Florid	/	The Freeze 11/12	100
SIGNATURE	Signature, typed or printed name of registered		Registered Agent signature requi	ired when reinstating) DATE	<del>/97</del>
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DPST	☐ DELETE	1.1 TITLE		Change Addition
NAME	FIRESTONE, JEFFREY		1.2 NAME		,
STREET ADDRESS	ATT ALTON ON A	UITE 200-30	1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE:		- DELETE	3.1 TITLE	<del>.</del>	☐ Change ☐ Addition
NAME	1		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		)
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		•	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
MILE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90026 048 \*\*\*150.00