## Secretary of State 01-21-1999 90066 017 \*\*\*150.00

## **FILED** Jan 21, 1999 8:00am

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

| DOCUMENT # | P930000081 | 30     |
|------------|------------|--------|
|            | 1 0000000  | $\sim$ |

1. Corporation Name

JARED HAMILTON GROUP, INC. -

| Mailing Address                             |
|---|
| 3500 NE 30 AVE<br>LIGHTHOUSE POINT FL 33064 |
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| <br> |  |
|------|--|

|  |   |                                   |  |  |  | 0101 40101 11000 (1111 1601) 11              | 881                  |
|--|---|-----------------------------------|--|--|--|--|----------------------|
| Principal Place  | e of Business   | Mailing Address                   |  |  |  |  |                      |
| 3500 NE 30 AV  |   | 3500 NE 30 AVE                    |  |  |  |  |                      |
| LIGHTHOUSE F   | POINT FL 33064  | LIGHTHOUSE POINT FL 3306          | 64   |  |  |  |                      |
|  |   |                                   |  |  | DO NOT WRITE IN THIS                                 | SPACE  |                      |
|  |   |                                   |  |  | 3. Date Incorporated or Qualifed 01/29/1993          |  |                      |
| 2. Principal P   | lace of Business  | 2a. Mailing Address               |  |  | 4. FEI Number  | Applied For                                  |                      |
| 21   | •   | 26                                |  |  | 65-0386045   | Not Applica                                  | ble                  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |   |                                   | 5. Certificate of Status Desired   | \$8.75 Additional  | ı 🗍  |  |                      |
| 22   |   | 27                                |  |  | 5. Certificate of Status Desired                     | 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                               | Count  | ry   | 8. This corporation owes the current year Inta       |  |                      |
| 24   | 25  | 29 3                              | 30   |  |  | ☐ Yes ☐ No                                   |                      |
|  | 9. Name and Address of Current  | Registered Agent                  |  | -T   | 10. Name and Address of New Registered A             | \gent  |                      |
|  | OPE MANOY I   | the Committee of the Committee of | 8  | 1 Name   |  |  |                      |
| MOC  | DRE, NANCY L<br>NE 30 AVE   |                                   | 8  | 2 Street Add   | fress (P.O. Box Number is Not Acceptable)            |  | -                    |
| 3500   | JINE 30 AVE   |                                   | ١  |  |  | eri gradentak rakita                         | 14                   |
| LIGH   | ITHOUSE POINT FL 33064  |                                   | 8  | 3  |  |  | 1                    |
| entral control of the second   |   |                                   | 8  | 4 City   | FL   | 85 Zip Code                                  |                      |
| 44 Dureuant  | to the provisions of Sections 607 0502  | and 607 1508, Florida Statutes    | s, the abo   | ve-named cor   | poration submits this statement for the purpose of   | changing its registere                       | d                    |
| office or r  | egistered agent, or both, in the State of<br>m familiar with, and accept the obligation | f Florida. Such change was aut    | horized b  | y the corporat   | ion's board of directors. I hereby accept the appoin | tment as registered                          |                      |
| SIGNATURE  | Signature, typed or printed name of registered agent i                                  | and tills if another the Avorto   | Indiatored A   |  | red when reinstating) DATE                           |  |                      |
|  | . Sugnature invited or named partie of registered 20ent a                               |                                   |  |  |  |  |                      |
| `  |   |                                   | Ť  | ent signature reduir   | All  | DIRECTORS IN 12                              | $\dashv$             |
| 12.  | OFFICERS AND  | DIRECTORS                         | 13.  |  | ADDITIONS/CHANGES TO OFFICERS AND                    | D DIRECTORS IN 12                            |                      |
| 12.  | OFFICERS AND  |                                   | 13.  | :  | All  |  |                      |
| 12. TITLE NAME   | OFFICERS AND D MOORE, NANCY L   | DIRECTORS                         | 13.<br>1.1 TITLE<br>1.2 NAME   |  | ADDITIONS/CHANGES TO OFFICERS AND                    |  |                      |
| 12. TITLE NAME STREET ADDRESS  | OFFICERS AND<br>D<br>MOORE, NANCY L<br>3500 NE 30 AVE                                   | DIRECTORS                         | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STRE   | E ET ADDRESS   | ADDITIONS/CHANGES TO OFFICERS AND                    |  |                      |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | OFFICERS AND D MOORE, NANCY L   | DIRECTORS                         | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STRE<br>1.4 CITY   | ET ADDRESS   | ADDITIONS/CHANGES TO OFFICERS AND                    | ☐ Change ☐ Add                               | ition                |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | OFFICERS AND<br>D<br>MOORE, NANCY L<br>3500 NE 30 AVE                                   | DIRECTORS                         | 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE  | EET ADDRESS<br>ST-ZIP  | ADDITIONS/CHANGES TO OFFICERS AND                    |  | ition                |
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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.

SIGNATURE: