

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000026287 (1)**

1. Corporation Name
JAGAR, INC.



Principal Place of Business: **4260 NW 19TH AVE UNIT A POMPANO BCH FL 33064**
Mailing Address: **1900 N W 44TH STREET UNIT A POMPANO BEACH FL 33064 US**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **04/08/1993** 3a. Date of Last Report: **02/01/1995**
4. FEI Number: **65-0413620**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **D'ALESSANDRO, GUISEPPE 4260 NW 19TH AVE UNIT A POMPANO BCH. FL 33064**
10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code

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 officer 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PT	<input type="checkbox"/> DELETE	1.1 TITLE	President/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ALESSANDRO, GUISEPPE	1.2 NAME	D'ALESSANDRO, GUISEPPE
STREET ADDRESS	1900 N W 44TH ST	1.3 STREET ADDRESS	6208 NW 72nd Way
CITY-STATE-ZIP	POMPANO BEACH FL	1.4 CITY-STATE-ZIP	Parkland, FL 33067
VPS	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ALESSANDRO, ANGELO	2.2 NAME	D'ALESSANDRO, ANGELO
STREET ADDRESS	1900 N W 44TH ST	2.3 STREET ADDRESS	6689 NW 26th Way
CITY-STATE-ZIP	POMPANO BEACH FL	2.4 CITY-STATE-ZIP	Boca Raton, FL 33496
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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.

SIGNATURE: _____ DATE: **2-8-96** (305) 979-0802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)