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PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # P93000026287 (1)

JAGAR, INC.

Principal Place of Business Mailing Address 4260 NW 19TH AVE 1900 N W 44TH STREET HNIT A DO NOT WRITE IN THIS SPACE POMPANO BOH FL 33064 POMPANO BEACH FL 33064 3. Date Incorporated or Qualified 04/08/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0413620 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No 24 Personal Property Tax due June 30. 25 30 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name D'ALESSANDRO, GUISEPPE **4260 NW 19TH AVE** 82 Street Address (P.O. Box Number is Not Acceptable) **UNIT A** 83 POMPANO BCH. FL 33064 84 City 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 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change D'ALESSANDRO, GUISEPPE 1.2 NAME NAME 6208 NW 72ND WAY STREET ADDRESS 1.3 STREET ADDRESS PARKLAND FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME D'ALESSANDRO, ANGELO 2.2 NAME 6689 NW 26TH WAY STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.9 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3,4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- 7iP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZiP CITY-ST-ZIP DELETE Change ☐ Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP 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 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.

CICNATURE. X

And

2/19/0

904-939-0007

FILED

Mar 27 1998 8:00am

Secretary of State