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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000026287 1. Corporation Name

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90032 043 ***158.75

JAGAR, I	INC.					
Principal Place	of Business	Mailing Address		, (40),(40), (10), (51), (41), (40),		
4260 NW 19TH		1900 N W 44TH STREET		-	* .	
UNIT A		UNIT A		- 0 NOT WEST W	THE CRACE	
POMPANO BCH FL 33064 POMPANO US		POMPANO BEACH FL 33064		DO NOT WRITE IN	THIS SPACE	
	, _			3. Date Incorporated or Qualifed 04/08/1993		
2. Principal Pl. 21	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0413620	Not /	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· 	5. Certificate of Status Desired	\$8.75 Ad Fee Requ	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 м	
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye		
24	25	29	30	Personal Property Tax.		No
	9. Name and Address of Curren	t Registered Agent	94	10. Name and Address of New Regis	terea Agent	
DIAL	ESSANDRO, GUISEPPE		. 81 Name			
	NW 19TH AVE		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
4260 UNIT				- 1 (1 大き) (1	- 1 ¢ · 6 · 9 p 克 zith z 11 k1 。A o 1 g · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	tr encosts
	PANO BCH. FL 33064		83		"说。"就继续是	祖珠 当
POM	PANU BUT. FL 33004		84 City		85 Zip Co	ode
					FL	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliger	2 and 607.1508, Florida Statute of Perida. Such change was au floris of, Section 687.0505	s, the above-named cou thorized by the corpora ida Statutes.	rporation submits this statement for the purp- tion's board of directors. I hereby accept the	ose of changing its re appointment as regi	egistered stered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligation	or bridg. Such change was additions of, Section 697-9505 Flori	es, the above-named countronized by the corporation Statutes. Registered Agent signature requi	more board of discount thereby description	ATE RS AND DIRECTOR	IS IN 12
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligation	of Jorida. Such change was such change with the change was suc	Registered Agent signature requi	ired when reinstating).	ATE	
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office or in agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State in familiar with, and accept the obliger OFFICERS AN PT D'ALESSANDRO, GUISEPPE 6208 NW 72ND WAY PARKLAND FL	nt and the ri applicable. (NOTE:	Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME: 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ired when reinstating).	ATE RS AND DIRECTOR Change	S IN 12
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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 a powered.

SIGNATURE:

Daytime Phone #