## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P93000029645

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

## Secretary of State DIVISION OF CORPORATIONS

## May 11, 1999 8:00 am Secretary of State 05-11-1999 90049 002 \*\*\*150.00

J.R.M. S	TORES, INC.										
			9: A J					-			4:00: 01:1 100:
Principal Place	e of Business		iling Address								
3830 S R 674 730 WINTERBROOKE											
SUITE 107 SUNCITY CTR FL 33573 RUSKIN FL 33570 US								DO NOT WRITE IN THIS	SPA	CE	
RUSKIN FL 33570 US US						3. Date Incorporated or Qualifed					_
								04/20/1993			
2. Principal Pl	ace of Business	2a.	Mailing Address					4, FEI Number		Α	oplied For
21								59-3176438	Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired See Required			
22 2			City 8 Challe						-		
<del></del>			City & State	,				6. Election Campaign Financing			May Be
23		28						Trust Fund Contribution			to Fees
Zip	Country	<u></u> ⊢	Zip	Cou	ntry			8. This corporation owes the current year in			57N-
24	25	29		30				Personal Property Tax.	LJY		No
	9. Name and Address of Current	Registe	ered Agent	_				10. Name and Address of New Registered	Agen	t	
DANI	K MADTIN I				81	Name					
BANK, MARTIN L 730 WINTERBROOKE WAY				•	82	Street	Addres				
SUN CITY CENTER FL 33573					83		·				
					84	City		FI	85	Zip	Code
					<u> </u>				<u>-                                     </u>		engistored
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on π familiar with, and accept the obligati	of Florida	a. Such change was a	uthorized	by	the corpo	oration	oration submits this statement for the purpose on is board of directors. I hereby accept the appo	ntmer	nt as re	egistered
SIGNATURE	_		DIOTE	Danietanie		A missonture e	anurad :	when reinstating) DATE			
	Signature, typed or printed name of registered agent OFFICERS AND			13.	Ayen	it signature )	equireo v	ADDITIONS/CHANGES TO OFFICERS A	ID DIE	RECTO	DRS IN 12
mle	D	<u> </u>	☐ DELETE	1.1 TI	D.E		i	ABOTTOROGONATOES TO GITTOERO A		hange	Addition
NAME	BANK, JANET M		<del>-</del>	1.2 NA							
ì	730 WINTERBROOKE WAY			- 1		ADDRESS					}
STREET ADDRESS	SUN CITY CENTER FL										
CITY-ST-ZIP			☐ DELETE	1.4 Cr 2.1 Tr		1-ZIP				hange	Addition
TITLE	D DANK MARTIN I								<u></u> -		
NAME	BANK, MARTIN J			2.2 N/			Ĭ				
STREET ADDRESS	730 WINTERBROOKE WAY			2.3 ST	REET	ADDRESS					J
CITY-ST-ZIP	SUN CITY CENTER FL			2.4 C		T-ZIP				\h	Addition
TITLE			☐ DELETE	3.1 Tr	ΠE				Пс	Change	[_] Addition
NAME				3.2 NA	ME						Į.
STREET ADDRESS				3.3 S7	REET	ADORESS	ļ				
CITY-ST-ZIP				3.4. C	ITY-\$	T-21P					
TITLE			☐ DELETE	4.1 TI	ΠE					Change	☐ Addition
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STREET ADDRESS				4.3 \$1	REET	ADORESS					ì
CITY-ST-ZIP				4.4 Cf	TY-S	T-ZIP					
TITLE			☐ DELETE	5.1 Tř	n.e					Change	☐ Addition
NAME				5.2 NA	ME						
STREET ADDRESS				5.3 S1	REET	ADDRESS					}
CITY-ST-ZIP				5.4 Cf	TY-S1	T-ZIP					-
TITLE			☐ DELETE	6.1 Tr						Change	☐ Addition
NAME				6.2 NA	ME				_	-	
_						ADDRESS	ļ				- \
STREET ADDRESS	ACET ADDITION					CITY-ST-ZIP					
CITY-ST-Z/P				0.4 (.)	11-5	1-ZIF	1				T.

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, with all other like empowered.

SIGNATURE: 7

CR2E034 (11/98)