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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000034917 (3)

MICHAEL JACK, INC.

Principal Place of Business	Mailing Address	
373 EAGLE DR. JUPITER FL 33477	P.O. BOX 4100 RYDAL PA 19046	

## **FILED** Mar 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address		a emotindes son includ skills narge maler mater marer miere falle falle (dat fam)							
373 EAGLE DR. P.O. BOX 4100 JUPITER FL 33477 RYDAL PA 19046									
						DO NOT WRITE IN THIS	S SPACE		
						3. Date Incorporated or Qualified			
2. Principal D	Place of Business	2a Mailing Address				05/14/1993	<del></del>		
21	iaca oi business	2a. Mailing Address				4. FEI Number	<del></del>	pplied For	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				22-2288997		lot Applicable	
22		27				5. Certificate of Status Desired		Additional lequired	
City & Stat	е	City & State				6. Election Campaign Financing		<u> </u>	
23		<del>├</del> \	28			Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the c			
24	25	29	30	-		Personal Property Tax due June 30.		∏ No	
-	9. Name and Address of Cura					10. Name and Address of New Registered			
SH	IAPIRO, PAUL E			81	Name				
	GREENBERG TRAURIG HOFFI	MAN LIPOFF ROSEN		82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	7 S. FLAGLER DR., SUITE 310		i	J.	JUGGI AGG	reas (ro. box riumber is riot Acceptable)			
	ST PALM BEACH FL 33401		j	83					
			Ì	84	City		1051 7		
					City	Fi	L I I '	Code	
office of re	egi <b>s</b> tered agent, or both, in the Sta	ite of Florida. Such change was	authorized	ίbν.	named corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing i	ts registered registered	
agent. La SIGNATURE	m familiar with, and accept the obl	igations of, Section 607.05 <b>05,</b> Fi	orida Stat	utes.		, , , , , , , , , , , , , , , , , , , ,		-	
	Signature, typed or printed name of registered			d Agen	t signature requi	red when reinstating) DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D	☐ DELETE	1.1 111	LE			Change	☐ Addition	
NAME	SCHMIDT, MICHAEL J		1.2 NA	ME					
STREET ADDRESS	373 EAGLE DR.		1.3 ST	reet a	DORESS				
CITY-ST-ZIP	JUPITER FL 33477		1,4 CI1		ZIP				
TITLE	D	☐ DELETE	2.1 TIT	LE.			☐ Change	☐ Addition	
NAME	ROSENBERG, ARTHUR		2.2 NA	ME	Ī			1	
STREET ADDRESS	P.O. 4100 N/A				DDRESS	Color Services		ļ	
CITY-ST-ZIP	RYDAL PA		2.4 C		- ZIP	77			
TITLE		☐ DELET <b>e</b>	3.1 117				☐ Change	☐ Addition	
NAME			3.2 NA	ME				ļ	
STREET ADDRESS			3.3 ST	REET A	DDRESS				
CITY-ST-ZIP		[ ] 00:000	3.4. CI		- ZIP				
TITLE		☐ DELET <b>E</b>	4.1 717				Change	Addition	
NAME			4. 2 NA					İ	
STREET ADDRESS					DDRESS				
CITY-ST-ZIP		Dr. cer	4.4 CIT		ZIP				
TITLE		☐ DELETE		5.1 TITLE			Change	☐ Addition	
NAME			5.2 NA						
STREET ADDRESS					DDRESS				
-CITY-ST-ZIP		- Contro	5.4 CIT		ZIP			7-1	
TITLE		☐ DELETE	6.1 TIT		ļ		☐ Change	Addition	
NAME			6.2 NA						
STREET ADDRESS			6.3 STR	REET AC	DDRESS			ľ	
CITY-ST-ZIP			6.4 CIT	Y-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 eath; that I am an officer or director of the corporation of the receiver or trusted 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.