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 # P93000043932 (1)

SOUTHERNMOST JAYESS, INC.

Principal Place of Business Mailing Address 30 HILTON HAVEN DR. 30 HILTON HAVEN DR. DO NOT WRITE IN THIS SPACE KWY WEST FL 33040 KWY WEST FL 33040 3. Date incorporated or Qualified 06/21/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 **36-390636**1 Not Applicable 25 Suite, Apt. #, etc. Suite, Apt. #, etc. 8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SKOMP, FREDERICK A 830 EATON STREET 82 Street Address (P.O. Box Number Is Not Acceptable) KEY WEST FL 33040 83 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 little if applicable (NOTE: Hegistered Agent signature required when reinstalling)

OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETÉ ___ Change 1.1 TITLE TITLE SCHMIEGEL, JOHN 1.2 NAME NAME 30 HILTON HAVEN #7 1.3 STREET ADDRESS STREET ADDRESS KEY WEST FL CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE Change Addition TITLE 21 TITLE SCHMIEGEL, ROSA 2.2 NAME 30 HILTON HAVEN DR. #7 STREET ADDRESS 2.3 STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 2, 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME STREET ADDRESS 3,3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change ☐ Addition TITLE 41 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST-2IP CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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)(f), 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 or argattachment with an address.

SIGNATURE:

Seliment IRJOHN SCHYTEGEL

JAN. 17-98

305 294 7066

FILED

Jan 26 1998 8:00am

Secretary of State

CR2E034 (10/97)