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Mar 22, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000053257 Corporation Name

RON JESSIER, INC.

	`						
Principal Place	of Business	Mailing Address			1 10011000 ten 10100 tent mater mern anter and	.B silte liket griff tent i	,••,
MIAMI FL 33140 M		4550 N BAY RD MIAMI FL 33140 US	MIAMI FL 33140		DO NOT WRITE IN THIS SF	ACE.	
UŞ		00			3. Date Incorporated or Qualifed	778.4.4	
	•				07/23/19 <u>93</u>		
2. Principal Pl	ace of Business	2a. Mailing Address		*	4. FEI Number	Applied Fo	or
21	,	26			65-0424578	Not Applica	able
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		5. Certificate of Status Desired	\$8.75 Additiona Fee Required	al
City & State	9 .	City & State			6. Election Campaign Financing	\$5.00 May Be	,
23	·	28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	•	8. This corporation owes the current year Intang		\
24	25	29 30	<u> </u>			Yes □No	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Ag	ent	
HERMAN, JUDITH				1	·		
17029 BROOKWOOD DRIVE				Street	Address (P.O. Box Number is Not Acceptable)	*	
BOCA RATON FL 33496			83	<u> </u>			
	7. 17.11011 7.2 00700		65				
			84		FL)	85 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) DATE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 1	12
TITLE	PD	☐ DELETE 1.1 TIT				☐ Change ☐ Ad	Idition
NAME	HERMAN, CRAIG		1.2 NAME)		Ì
STREET ADDRESS	4550 N BAY RO		1.3 STREE	T ADDRESS	_		1
CITY-ST-ZIP				T-ZIP			
TITLE	VSD □ DELETE 2.1 T					☐ Change ☐ Ad	dition
NAME	HERMAN, JUDITH G						ļ
STREET ADDRESS				T ADDRESS		•	}
CITY-ST-ZIP	MIAMI BEACH FL 33140 2.4			ST- ZIP			
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CITY-ST-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·	3.4. CITY-5	ST-ZIP			
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NAME	•	•	4. 2 NAME				}
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CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
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NAME			5.2 NAME				\
STREET ADDRESS			-	TADDRESS			- 1
CITY ST. 7ID			5.4 CITY-S	T-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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

Addition