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

CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

POCUMENT # P9300053550 (8)

JACKS FOR SLACKS OF STUART, INC.

FILED Apr 18 1997 8:00am Secretary of State



Principal Place of Business 2761 S.E. OCEAN BLVD. STUART FL 34996		27	Mailing Address 2761 S.E. OCEAN BLVD. STUART FL 34996-2767								
							3. Date Incorporated or Qualified 07/27/1993	3a. Da			oort
2. Principal Place of Business			28. Mailing Address 26. 430 Sw 12 # AVE				4. FEI Number	Applied For			
Suite, Apt. #, etc.			26 430 SW 12 AVE Suite, Apt. #, etc.				65-0426838	Not Applicable S8.75 Additional			
22	#, etc.	27	Suite, Apr. #, etc.				5. Certificate of Status Desired		•	./ O Ad ee Req	
City & State	9	- 1411	City & State				6. Election Campaign Financing			5.00 N	
23		28	DEERFIELD	BEI	96.H	1 FL	Trust Fund Contribution			dded to	
Zip	Country		Zip		ountry		8. This corporation has trability for in	ntangible			
24	25	29		30	BR	OWAKD	Florida Statutes	Yes [] No		
	9. Name and Address of Curren	t Regis	stered Agent		1.	T	10. Name and Address of New Reg	Istered A	gent		
	DSTEIN, IRVING				81	Name					
23360 MIRABELLA CIRCLE SOUTH				82 Street Addr			dress (P.O. Box Number is Not Acceptabl	e)		· · · · · · · -	
BOC	A RATON FL 33433				00						
					83						
					84	City		FL	85	Zip Co	ode
11. Pursuant	to the provisions of Sections 607.050;	2 and 6	07.1508, Florida Statul da. Such chango was	les, the	above	Le-named corpora	poration submits this statement for the pration's board of directors. I hereby accept		 chang pintme	ging its ent as re	registered
agent. I a	m familiar with, and accept the obliga	ations o	f, Section 607.0505, FI	orida St	atutos	S.	,,				<i>y</i>
SIGNATURE										·	
12.	Signature, typed or printed name of registered age OFFICERS ANI			E: Registe		en: signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND	DIRE	CTORS	IN 12
TITLE	D		DELETE		inte	T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Cr		Addition
NAME	GOLDSTEIN, IRVING			1.2	NAME						
STREET ADDRESS	23360 MIRABELLA CIRCLE SO	UTH				ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33433			14	CITY-S	ST-ZIP					
TITLE	Ŭ.		DELETE		TITLE				Ch	ange	Addition
NAME	GOLDSTEIN, DAVID			22	NAME	ŀ					
STREET ADDRESS	7739 VILLA NOVA DRIVE			23	STREET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33433			2 4	CITY-S	ST-ZIP					
TITLE			☐ DELETE	31	TITLE				Ch	ange	Addition
NAME	·			3.2	NAME						
STREET ADDRESS				3.3	STREET	ADDRESS					
CITY-ST-ZIP					CDY-5	ST - 7(P					
TITLE			☐ DELETE		11116				∟i Ch	ange	Addition
NAME				4.2	NAME						
STREET ADDRESS				4.3	STREFT	ADDRESS					
CITY-ST-ZIP			T Keizte		CITY-S	1-ZIP			-		4.1-22
TITLE			Ĺ_J DELETE		TITLE				Ch	ange	Addition
NAME					NAME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			FILLETE		CITY-S	IT-ZIP					
TITLE			☐ DELETE		TITLE				Ch	ange	Addition
NAME					NAME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				6.4	CITY-S	T-ZIP					

T do 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 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.