## 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 # P93000066234 (4)

JANE FORWARDING CORP.

Principal Place of Business Mailing Address 10060 NW THE WAY P.O.BOX 527804 **MIAMI FL 33152** MEDLEY FL 33178 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 10255 NW 116 Way 26 65-0440367 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be EGLEY Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes [ 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 FORWARDING, JANE 10255 NW 116TH WAY STE 3 82 Street Address (P.O. Box Number is Not Acceptable) MEDLEY FL 33178 83 84 City 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 (NOT): Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.5 TITLE TITLE SCHUBERT, IRWIN NAME 12 NAME 300 THREE ISLAND BLVD., STE. 801 STREET ADDRESS 1.3 STREET ADDRESS HALLANDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE WEITZ, EMANUEL 2.2 NAME NAME 1000 PARKVIEW DR 419 STREET ADDRESS 2.3 STREET ADDRESS HALLANDELE FL 33009 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELFTE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change 6 1 TITLE TITLE 6.2 NAME NAME

14. Thereby 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 charged or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADORESS CITY-ST-ZIP

2-23-98

**FILED** 

Feb 27 1998 8:00am

Secretary of State