## 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 # P93000067838 (1)

JADE EAST TOWERS I, INC.

Seci	retai	ry c	1 2	stat	e

**FILED** 

Apr 27 1998 8:00am

Principal Plac	e or business	Mailing Address				<b>\$</b>			
277-A AZALEA DRIVE		POST OFFICE BOX 1424							
DESTIN FL 32	2541	DESTIN FL 32540							
							RITE IN THIS	SPACE	
-						<ol><li>Date Incorporated or Qualifi</li></ol>	ed		
						09/21/1993			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		/	Applied For
21		26	26			59-3209195		1	Vot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		E Contilionte of Chatus Donison		\$8.75	Additional	
22		27				<ol><li>Certificate of Status Desired</li></ol>		Fee F	Required
City & State	e	City & State				8. Election Campaign Financin	a	\$5.0	О мау Ве
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes or ha	s paid the cu	rrent year I	ntangible
24	25	29	30			Personal Property Tax due			□ No
<del></del>	9. Name and Address of Cu	rrent Registered Agent		}		10. Name and Address of New		Agent	
BUI	RKE, LES W			81	Name				
	MCKENZIE AVE								
	NAMA CITY FL 32401			82	Street	Address (P.O. Box Number is Not Acce	piable)		]
'~"	WATER WILL IE DETOI			83					
Į				[ ]	l				
ŀ				84	City		FL	85 Zip	o Code
44.5		5500 J 007 4500 F) O		Ш		Control of the state of the sta	<u> </u>	<del>-</del>	<del></del>
office or r	to the provisions of Sections 607, e <b>gister</b> ed agent, or both, in the S	itate of Florida. Such change was a	s, the at uthorized	oove d bv	}-nameα ≀the cor	f corporation submits this statement for t poration's board of directors. I hereby a	ne purpose o ccept the ap	or changing pointment a	its registered
agent. I a	m familiar with, and accept the o	bligations of, Section 607.0505, Flor	ida Stat	lules	<b>.</b> .	,			
SIGNATURE									
	Signature, typed or printed name of registere			d Age	nt signature	e required when reinstalling)	DATE	D DIDEOTA	NDO 111 40
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	ROGERS, J. RON	☐ DELETE	1.1 10			]		L Change	Addition
NAME	P.O. BOX 1424 -N/A		1.2 NA			1			
STREET ADDRESS			1.3 ST	TREET	ADORESS				
CITY-ST-ZIP	DESTIN FL 32540		1.4 CI		1-21P				
TITLE		☐ DELETE	2 1 TII	TLE				Change	Addition
NAME			2.2 NA	AME		ł			
STREET ADDRESS			2.3 ST	TAEET	ADDRESS				}
CITY-ST-ZIP			2.4 C	ITY-S	ST - ZiP				j
TITLE		DELETE	3.1 Til	TLE				Change	Addition
NAME			3.2 NA	AME					ŀ
STREET ADDRESS			3.3 ST	REET.	ADDRESS	1			
CITY-ST-ZIP					ST - ZiP				
TITLE		DELETE	4.1 [[					Change	Addition
NAME			4.2 N					- •	_
STREET ADDRESS					ADDRESS				ļ
I									1
CITY-ST-ZIP		DELETE	4.4 CI		1-ZIP			Change	Addition
TITLE		T DEFERE	5.1 111			Ţ		L Allande	L Mandall
NAME			5.2 NA						
STREET ADDRESS					ADDRESS				ŀ
CITY-ST-ZIP			5.4 CI		1-ZIP		<del></del>	<del></del>	
TITLE		[] DELETE	6.1 TH	TLE				Change	☐ Addition
NAME			6.2 NA	AME					
STREET ADDRESS			6.3 ST	TREET	ADDRESS	1			\ \
						1			

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 thoraceiver 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 utrachment with an address.

(850) 837-7070