FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Mar 04 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # P93000072462 (3) J. P. A. D., INC. Principal Place of Business Mailing Address 23105 VIA STEL 23105 VIA STEL **BOCA RATON FL 33433 BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/11/1993 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 21341 Gosier 21341 (DOU) 26 65-0443861 Not Applicable Suite. Act. #. etc. \$8.75 Additional П 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be BOC A 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No 33428 Palm Beach 25 Palm Beach 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent POSTUPACK, JAMES ome s 21305 VIA STEL **BOCA RATON FL 33433** 83 የኃወረ Pursuant to the provisions of Sections 607.0502 and 600 office or registered agent, or both, in the State of Florida agent. I am ramiliar with, and eccept the obligations of providing the company of the provisions. 58, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 TITLE DELETE Change 1.1 TITLE Postu pack POSTUPACK, JAMES NAME 1.2 NAME Goster STREET ADDRESS 23105 VIA STEL 1.3 STREET ADDRESS भारता द्व **BOCA RATON FL 33433** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE ☐ Addition LAMB, ROBERTA J NAME 2.2 NAME Roberta J. Lamb 23105 VIA STEL Goster STREET ADDRESS 2.3 STREET ADDRESS 21341 **BOCA RATON FL** CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CATY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition **6.1 TITLE**

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 13 if chapter 607 or on an attachment with an address. SIGNATURE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP