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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 12 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DIVISION OF DOCUMENT # P93000073856 (5)

JER-LEEN ENTERPRISES, INC.

Principal Place	of Business	Mailing A	Mailing Address 5722 S. FLAMINGO RD. SUITE 149					- 18891/001 (10 40/00 14414 60111 0014) 40111 (40114 1000 1441) 41414 (401)								
4101 EAST SAI																
GOOPER CITY	rL 33020			CITY FL 33330	-3206											
			US					3.	3. Date Incorporated or Qualified 10/25/1993 9a. Date of Last Report 04/25/1996						port	
9 Oringinal DI	non of Business		2a Mailin	a Addrose					10/20/ FEI Numi				<u> </u>	20/ 186		lind End
Principal Place of Business  21			├ <del></del> -	28. Mailing Address					65-045 1980					Applied For Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				- \$8.75 Addit								
22			27					5.	Certificat	e of Statu	s Desired	j	LJ	-		uired
City & State	>		City &	State				6.	Election (	ampaign	Financin	9	_	\$5.	00 N	lay Be
23			28	***************************************					Trust Fun							Fees
Zip	Count 25	ry	<b>Z</b> ip <b>29</b>		30	intry			This corp Florida Si		as liability		tangible Yes [		ers.	199.032,
24	9. Name and Addr	ess of Curren	1 = - 1	Agent	[30]	T			Name ar		s of Nev					·
COL					·······	81	Name							<del></del>		
GOLDMAN, EILEEN F. 4101 E. SAILBOAT DR.						82	Ctropt Ad	Idrone /D	O Pov N	umbar la	Not Acce	niable				
	OPER CITY FL 3302		02			Street An	Street Address (P.O. Box Number is Not Acceptable)									
	D, E.N. O/. 1 . 0 000-	•				83					***************************************					
						84	City							85 2	ip C	ode
							•					<del></del>	FL		·	
11. Pursuant to office or re	to the provisions of Se egistered agent, or bo m familiar you, and ac	ctions 607.050. th. in the State	2 and 607.1508 of Ftorida, Suc	8, Florida Statu h change was	utes, the a authorize	bov€ d bv	-named co the corpor	orporation ration's b	n submits loard of d	this state rectors. I	ment for t hereby a	the pu ccept	rpose of the app	chang⊪ ointment	ig its i as re	registered egistered
agent Lar	m familiar vin, and ac	cept the obliga	ations of Section	on 607.0505, F	lorida Sta	tutes	l						4/2	16-	_	-
SIGNATURE.	Signal and types or pented has	~1 ~2	nt and title it applica		er Bulleti		nt signature rec						DATE	777		
12.			DIRECTORS	DIE. (PK.	13.	O Age	ni signatore lec	·	DDITION	S/CHANG	ES TO O	FFICE		DIRECT	ORS	IN 12
)IILE	D	5111021157111	3 5	DELETE	1.1 1)	TLE								Chan		☐ Addition
NAME	GOLDMAN, EILEE	NF		<del></del>	1.2 N	AME										
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City-St-Z#	COOPER CITY FL				1.4 C	ITY - S	T-ZIP									
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NAME					22 N	AME										
STREET ADDRESS					235	TREET	ADDRESS									
City-St-7IP					240	IIY-S	ST- 21P									-
THILE				DELETE	3.1 T	ITLE								Char	ge	Addition
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STHEET ADDRESS					3.3 S	TREET	ADDRESS									
CHY+\$1-7₽				· -			3T-ZIP				<u></u>			<u> </u>		
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CITY - \$1 - ZIP				DELETE		ITY - S	T- <b>2</b> IP							Char		Addition
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NAME PROUEL ADDROSES					5.2 N		ADDRESS									
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NAME					6.2 N										•	· <del></del>
STREET ADDRESS							ADDRESS									
City-St-ZiP						HTY-S										
14. Log heret	by certify that the infor	nation supplie	d with this filing	g does not qua	alify for the	exe	mption sta	ted in Se	ection 119	.07(3)(i), I	Florida St	atutes	. I furthe	certify	that t	he
l am an o	on indicated on this an efficer or director of the in Block 12 or Block 13	corporation or	the receiver o	r trustee empo	wered to	exec exec	irate and the oute this rep	nat my si port as re	ignature s equired by	nail nave Chapter	the same 607, Flor	iegal ida St	enect a: atutes; a	nd that	e und my na	er oath; that ame