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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000074589 (1)

J. J. NASCA ENTERPRISES, INC

4515 N DIXIE HWY 4515 N DIXIE HWY FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/20/1993 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 65-0445524 ✓ Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30 ☐ No 10. Name and Address of New Registered Adent 9. Name and Address of Current Registered Agent 81 Name nasca, jack 4515 N DIXIE HWY Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33334 83 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 Statutos. SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NASCA, JACK NAME 1.2 NAME 4515 N DIXIE HWY STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33334 CITY-ST-ZIP 1.4 DITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7IP 2. 4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Addition Change TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

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 changed for an an altachiptent with amaddities.

4.24.48

854-493-7468

FILED

May 04 1998 8:00am

Secretary of State