

PROFIT CORPORATION ANNUAL REPORT

.1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## Mar 25, 1999 8:00 am Secretary of State 03-25-1999 90018 050 \*\*\*150.00

**FILED** 

## DOCUMENT # P93000077037

1. Corporation Name

1. 8 J. F. OORING UNLIMITED, INC.

JAJEL	COMING UNLIMITED, INC.		·			
Principal Place	e of Business	Mailing Address		- I 190% FDE JIM INCOM CHICA BRUCC MANY BOCK NAVO	BBATI SABIT Garan sette rithe fit be	
706 N.W. 8TH AVE. 706 N.W. 8TH AVE. DANIA FL 33004						
				DO NOT WRITE IN THIS	SPACE	
ļ	•		•	3. Date Incorporated or Qualifed 11/08/1993		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0450768	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22					Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Food	ı
Zip	Country	Zip	Country	8. This corporation owes the current year in	tangible 1 ☑Yes □No	
24	25	29 3	0]	Personal Property Tax.  10. Name and Address of New Registered		
<u> </u>	9. Name and Address of Curren	t Hegistered Agent	81 Name	10. Haine and Address of New Registered		
I YEΔ1	r-nhol-2		1730	MAN, JUNA III		
	N.W. BTH AVE.		82 Street Addr	ess (P.O. Box Number is Not Acceptable) ル、ル・ミーイングニ		
	IA FL 33004		83	10, 0. 611. 1/0=	······	
			""		<u>' :                                     </u>	
	•		84 City	ALA AL FL	85 Zip Code	
		2 1 007 1509 Florida Ctabrica	the characteristic state	A / A EL FI	changing its registered	
office or n	to the provisions of Sections 607.050. egistered agest, or both, in the State of	of Florida. Such change was suf	horized by the corporatio	oration submits this statement for the purpose of in's board of directors. I hereby accept the appo	intment as registered	
agent, I a	m familia/ with, and eccept the obligat	ions of Section 607.0505. Florid	la Statutes.	u/	c/00	
SIGNATURE	form Homan	144 John	16 Men	7 / C	2/17 1	
<del></del>	Signifium, typed or printed ratine of registered agent		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition	,
TILE	DP OFFICERO AN	D DIRECTOR	1.1 TITLE	NOOTHONGS. S. V. CO. C.	☐ Change ☐ Addition	į
NAME	YEATS, JOHN W	<del></del>	1.2 NAME		<del>3</del>	
STREET ADDRESS	845 N.W. 9TH AVE.		1.3 STREET ADDRESS		6	i
1 1	DANIA FL 33004		1.4 CITY-ST-ZIP		2	ĺ
CITY-ST-ZIP	DV	☐ DELETE	2.1 TITLE		Change Addition C	j
NAME	HOMAN, JOHN III		22 NAME		1:	
STREET ADDRESS	706 N.W. 8TH AVE.	•	2.3 STREET ADDRESS			
CITY-ST-ZIP	DANIA FL 33004		2.4 City-ST-ZIP			
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STREET ADDRESS	<del></del>					•
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			3.3 STREET ADDRESS			
CTY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition	r
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CITY-ST-ZP

14. I hereby certify that the information supplied with this filling 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 eath; 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 chapped, or on an attachment with an address, with all other like empowered.

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SIGNATURE:	AGONATURE AND TYPED OF PRINTED HAME OF SIGNATURE AND TYPED OF PRINTED HAME OF SIGNATURE OF OFFICER OF DIRECT	The HomanTIT	3-15-99
J. J. W. J. L. L.	EIGNATURE AND TYPED OR PRINTED NAME OF SIGNAD OFFICER OR DIREC	TOR	Daytime Phone if

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