

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murpham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000024982 (8)**

1. Corporation Name

JACNEU, INC.



Principal Place of Business

**16244 S MILITARY TRL 710
DELRAY BEACH FL 33484**

Mailing Address

**16244 S MILITARY TRL 710
DELRAY BEACH FL 33484**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

**LAVENDER, JOEL R
507 SE 11TH CT
FT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified

03/28/1994

3a. Date of Last Report

06/26/1995

4. FEI Number

65-0584703

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.1505, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for purposes of changing registered office

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP
NEUMAN, DAVID**
STREET ADDRESS **16244 S MILITARY TRL 710**
CITY-STATE-ZIP **DELRAY BEACH FL 33484**

TITLE ☐ DELETE

NAME **DVST
IJAC, DAVID**
STREET ADDRESS **16244 S MILITARY TRL 710**
CITY-STATE-ZIP **DELRAY BEACH FL 33484**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY-STATE-ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY-STATE-ZIP

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY-STATE-ZIP

27. TITLE

28. NAME

29. STREET ADDRESS

30. CITY-STATE-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

35. TITLE

36. NAME

37. STREET ADDRESS

38. CITY-STATE-ZIP

39. TITLE

40. NAME

41. STREET ADDRESS

42. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 it made under oath; that I am an officer or director of the corporation; that the register 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 or changed in or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. President

3-30-96

(407) 498-4223

CR2E034 (12/95)