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

PROFIT CORPORATION ANNUAL REPORT

1998

1

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400034724 (2)

JACKIE BOWEN ENTERPRISES, INC.

Principal Place of Business		Mailing Address	-				
23475 RIO DEL MAR DR P.O BOX 323			^^				
BOCA RATON FL 33496 US		BOCA RATON FL 334 29-0323 US		DO NOT WRITE IN THIS SPACE			
00		00			3. Date Incorporated or Qualified		
					05/02/1994		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26 2424 SI	= 174	4.5t.	65-0499215	> Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27 104 - B			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat		City & State 28 FT, Laude		FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	^{Zp} 33316 3	Country	5.A	8. This corporation owes or has paid the curr Personal Property Tax due June 30.	ent year Intangible] Yes 📆 No	
	Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
80	WEN, JACKIE		81	Name			
234	23475 RIO DEL MAR DR			Street Add	dress (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33486							
j			83				
			84	City	FL	85 Zip Code	
l office or r	realstered agent, or both, in the S	0502 and 607.1508, Florida Statutes tate of Florida. Such change was au bligations of, Section 607.0505, Flori	thorized by	the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appr	changing its registered bintment as registered	
SIGNATURE	A.————————————————————————————————————						
12.	Signature, typed or printed name of registers	AND DIRECTORS	13.	nt signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 12	
TITLE	D	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition	
NAME	BOWEN, JACKIE	Decree	1.2 NAME				
STREET ADDRESS	- · · · •	A AM PART OF ALL ALIER A		ADDRESS			
CITY-ST-ZIP	BUILD DE LOUI CARDENO EL COLLO		1.4 C/TY-S				
TITLE			2 1 TITLE			Change Addition	
NAME		_	22 NAME	- 1			
STREET ADDRESS			2 3 STREET	ADDRESS			

64 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 12 or Block 13 if changed, or on an altractment with an address.

2. 4 CITY - \$1 - ZIP

3.3 STREE1 ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - 2IP

3.4. CITY - ST - ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

☐ DELETE

NONATURE CALL

President

4-22 -98 954-763-1346

Change

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Change

Addition

Addition

Addition

Addition

FILED

May 01 1998 8:00am

Secretary of State