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Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90006 047 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

JACKIE BOWEN Enterprises

Principal Place of Business

24 SE 6 St.
Boca Raton, FL 33432

Mailing Address

1355 W. PALMETTO Park
Road
PMB 323
Boca Raton, FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

21 24 SE 6 St.

Suite, Apt. #, etc.

22 #24

City & State

23 Boca Raton

Zip

24 33432

Country

25 Palm Bch.

2a. Mailing Address

26 1355 W Palmetto Park

Suite, Apt. #, etc.

27 PMB 323

City & State

28 Boca Raton, FL

Zip

29 33486

Country

30 Palm Bch.

4. FEI Number

650499215

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

JACKIE BOWEN
23475 Rio Del Mar Dr.
Boca Raton, FL 33486

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 607.0502 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 Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: President ☐ DELETE

NAME: Jackie Bowen

STREET ADDRESS: 24 SE 6 St.

CITY-ST-ZIP: Boca Raton, FL 33432

TITLE: ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY-ST-ZIP: ☐ DELETE

TITLE: ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY-ST-ZIP: ☐ DELETE

TITLE: ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY-ST-ZIP: ☐ DELETE

TITLE: ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY-ST-ZIP: ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: Jackie Bowen JACKIE BOWEN, Pres. 6-8-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)