

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

FILED

May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000051518 (6)

1. Corporation Name

JASCAN DEVELOPMENTS, INC.



Principal Place of Business

Mailing Address

~~70 N COMPASS DR~~
FT. LAUDERDALE FL 33308
US

~~THOMAS E. METEVIER~~
~~4280 GALT OCEAN DR. SUITE PH-M~~
FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1994

4. FEI Number

65-0505249

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 6500 NW 15th Avenue

2a. Mailing Address

26 6500 NW 15th Avenue

Suite, Apt. #, etc.

22 Suite 100

Suite, Apt. #, etc.

27 Suite 100

City & State

23 Ft Lauderdale FL

City & State

28 Ft Lauderdale FL

24 Zip
33309

25 Country
Broward

29 Zip
33309

30 Country
Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~METEVIER, THOMAS E~~
~~4280 GALT OCEAN DR.~~
~~SUITE PH-M~~
FT LAUDERDALE FL 33308

81 Name Fabio Appugliesi

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

6500 Nw 15th Avenue

83 Suite 100

84 City

Ft Lauderdale

FL

85 Zip Code

33309

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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PDI
STREET ADDRESS APPUGLIESI, FABRIZIO
CITY-ST-ZIP 6500 F. COMMERCIAL BLVD.
FT LAUDERDALE FL 33308

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 6500 NW 15th Avenue Suite 100
1.4 CITY-ST-ZIP Ft Lauderdale FL 33309

TITLE ☒ DELETE
NAME SD
STREET ADDRESS METEVIER, THOMAS E
CITY-ST-ZIP 4280 GALT OCEAN DR.
FORT LAUDERDALE FL 33308

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 attachment with an address.

SIGNATURE:

4/9/98 954-947-2911

CP2E034 (10/97)