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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000054607 (4) DOCUMENT #

JAB LAS OLAS, INC.

FILED Apr 30 1998 8:00am Secretary of State

•											
Principal Place of Business Mailing Address							1 18011401 110 10111 B	1911 99111 98111 98	113 88191 81311	ALOIE ATTICATE	IEI IMME IMMI
900 NE 28TH AVE. 900 NE 28TH AVE.											
SUITE 200			SUITE 200				,	O NOT WOITE	IN THE C	DAOE	
FT. LAUDERDALE FL 33304			FT. LAUDERDALE FL 33304				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
							07/25/1994	Or Qualified			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Ar	oplied For	
21			26			65-0502174				ot Applicable	
Suite, Apt. #, etc.			Suite, Apt #, etc.			5. Certificate of Statu			\$8.75	Additional	
22			27			9. Certificate of State	is Desired		Fee Re	equired	
City & State			City & State			6. Election Campaign	-	_	7	May Be	
23			Zip Country				Trust Fund Contrib		<u> </u>		to Fees
Zip	Country		Б		Jinty		8. This corporation o	•			tangible] No
24	25 25 S. Name and Address of Current		29 30 30 Registered Agent		т		Personal Property 10. Name and Addre				_] INO
WA	ASSON, A J	Togratarua Again	81 Name			TO, Italio alla radio		B .0.0.0.0.			
	NE 26TH AVE.							, ,			
FT. LAUDERDALE FL 33304				82 Stre			Address (P.O. Box Number is	Not Acceptat)le}		
11. DAUDENDALE 16 30004											
										11 =	
					84	City			FL	85 Zip •	Code
11. Pursuant	to the provisions of S	Sections 607.0502	and 607.1508, Florida Stat	utes, the a	above	e-named	corporation submits this state poration's board of directors.	ment for the p	ourpose of	changing if	is registered
office or r agent. I a	egiste red agent, or t m fe miliar with, and	ooth, in the State o accept the obligat	f Florida. Such change was ions of, Section 607,0505, I	s authorize Florida Sta	ed by atutes	r the cor i.	poration's board of directors.	hereby accer	ot the appo	intment as	registered
SIGNATURE		, , , , , ,	,								
SIGNATORE	Signature typed or printed					nt signatur	required when reinstating)		DATE		
12.		OFFICERS AND		13.			ADDITIONS/CHANG	SES TO OFFIC			
TITLE	POVIE IANES		☐ DELETE		TITLE				,	L Change	☐ Addition
NAME	BOYLE, JANET				NAME						
STREET ADDRESS	900 NE 26TH					ADDRESS					
CITY-ST-ZIP	FT. LAUDERDA	ULE FL 33304	DELETE		CITY - S FITLE	T-ZIP				Change	Addition
title Name	MATLOCK, DW	IGHT	Ditter.		NAME						
STREET ADDRESS	900 NE 26TH					ADDRESS					
CITY-ST-ZIP	FT. LAUDERDA				CITY - S						
TITLE	ST		DELETE		IITLE	71-211	v.e			Change	Addition
NAME	WASSON, A J			3.21	NAME		WASSON, AJ,				, ,
STREET ADDRESS	900 NE 26TH	AVE.		3.33	STREET	ADDRESS	900 NO 36 Am		,		
CITY-ST-ZIP	FT. LAUDERDA	NLE FL 33304		3.4	CITY-5	IT-ZIP	400 NE 26 AUG	*33301	₽		
TITLE			DELETE	4.1	ITLE				1	☐ Change	Addition
NAME				4.2	NAME						
STREET ADDRESS				4.3	STREET	ADDRESS					
CITY-ST-ZIP				4.4 (CITY - S	T-ZIP					
TITLE			☐ DELETE	5.1	IIILE				ļ		L. Addition
NAME				5.21	NAME						
STREET ADDRESS				5.3	STREET	ADDRESS					
CITY-ST-ZIP					CITY - S	1 - ZIP			-		F3 4 6 6
TITLE			DELETE		IITLE				1	Change	Addition
NAME					NAME						
STREET ADDRESS	¥					ADDRESS					
CITY-ST-ZIP	artify that the infere	stion supplied with	this filing does not available	· for the ex	CITY - S	tion otot	ed in Section 119 07(3)(i) Flor	ida Statutos T	further cer	tifu that the	information
14. Thereby 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 of supplicemental annual report is true and accurate and that my signature shall have the same legal effect as if made under which; that I am an officer or director of the corpolation 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 changing an attachment with an address.											
Officer or Block 12	orector of the corpo or Block 13 if chang	ration or the received or attact	ver or trusiee empow <mark>ered</mark> t innent with an address.	o execute	tnis	epon a	required by Chapter 607, Fig	iliua otatutes;	anu (nai m (マリ	у патпе ар	pears iii
	7							6-7			