Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90242 012 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	DOCUMENT #	P9400007821	6
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1. Corporation JEDD EN	ITERPRISES OF BROWARD						
Principal Place	e of Business	Mailing Address				1881 1818 1881	IÇIB BAN IBBI
650 CLEVELAND		711 NW 100TH WAY					
HOLLYWOOD FL 33024 CORAL SPRINGS FL 33071							
US .					DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	
					10/24/1994		
2 Principal P	lace of Business	2a, Mailing Address			4: FEI Number	Apr	plied For
2. 1 mopart	acc of Easinoss	26			65:0531510	<u> </u>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
12		27			5. Certificate of Status Desired	Fee Red	quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	• •
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year In		5Z) N. o.
24	25	29 3	0		Personal Property Tax.		∑ No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
COF	FMAN, GERALD R			Name			
	NW 100TH WAY		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	AL SPRINGS FL 33071		83				
•					1.1		
			84	City	FI.	85 Zip C	ode
44 Dureuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes	the above	e-named corn	oration submits this statement for the nurnose of	f changing its	registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	horized by	the corporation	on's board of directors. I hereby accept the appo	intment as reg	jistered
•	The fact that the fact of the state of the s		-				İ
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered Agen	t signature required	d when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE,	PD	☐ DELETE	1.1 TITLE			Change	Addition
NAME '	COFFMAN, GERALD R		1.2 NAME				ļ
STREET ADDRESS			1.3 STREET	ADDRESS			,
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY+ST	T-ZIP		Change	Addition
TITLE	TD	☐ DELETE	2.1 TITLE			☐ Criange	☐ Wodilion
NAME	COFFMAN, ELEANOR		2.2 NAME		,		
STREET ADDRESS			2.3 STREET				* 1
CITY-ST-ZIP	CORAL SPRINGS FL 33071	☐ DELETE	2.4 CITY-S	T-ZIP		Change	Addition
TITLE	VPD	C) DELETE	3.1 TITLE				
NAME	KOULAS, DANIEL W	MILIOE II A11	3.2 NAME	L ADODECC			
STREET ADDRESS	MANAGEMENT CONTRACTOR		3.3 STREET	1			
CITY-ST-ZIP	SD	☐ DELETE	3.4. CITY-S 4.1 TITLE	1-219		☐ Change	Addition
TITLE	KOULAS, DOROTHY Z		4. 2 NAME				_
NAME	1401 SW 135TH TERRACE, IV	NHOE H-411	4.3 STREET	ADDRESS			
STREET ADDRESS	HOLLYWOOD FL 33027	WHIVE HITTI	4.3 STREET				
CITY-ST-ZIP TITLE	TIOLETWOOD TE GOOZI	☐ DELETE	5.1 TITLE	1-21-		☐ Change	Addition
NAME			5.1 III LE 5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			

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 adachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: