

DOCUMENT # P94000080167 (1)
1. Corporation Name
J.A.C.F. CORP.
P94000080167

APPROVED
AND
FILED

95 JUL 25 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1499 W PALMETTO PARK RD
SUITE 108
BOCA RATON FL 33486

Mailing Address
1499 W PALMETTO PARK RD
SUITE 108
BOCA RATON FL 33486

3. Date Incorporated or Qualified
11/01/1994
3a. Date of Last Report
4. FEI Number
05 05 33691
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
7. This corporation has liability for intangible tax under FS, 190.032,
Florida Statutes
Yes No

2. Principal Place of Business
21
2a. Mailing Address
26
Suite, Apt. #, etc.
22
City & State
27
City & State
23
Zip
25
Country
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

GATEMAN, JACK
1499 W PALMETTO PARK RD
SUITE 108
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
FL 05

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.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE
D
NAME
CATALDO, JOSEPH
STREET ADDRESS
1499 W PALMETTO PARK RD
CITY, ST, ZIP
BOCA RATON FL 33486

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

Gary Korner gave authorization
by phone to add FEI Number

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
P, S, T
1.2 NAME
JACK GATEMAN
1.3 STREET ADDRESS
1499 W. PALMETTO PARK RD
1.4 CITY, ST, ZIP
BOCA RATON, FL 33486

2.1 TITLE
V
2.2 NAME
FRANK DePASQUALE
2.3 STREET ADDRESS
1499 W. PALMETTO PARK RD
2.4 CITY, ST, ZIP
BOCA RATON, FL 33486

3.1 TITLE
900001550409
3.2 NAME
-08/01/95--01054--005
3.3 STREET ADDRESS
****225.00 ****225.00
3.4 CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.02(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that no application shall have the same legal effect as if made by me, or any officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 200, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable.

SIGNATURE: * Frank De Pasquale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANK DE PASQUALE

8/17/20