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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000090365 (5)

## FILED Jan 16 1998 8:00am Secretary of State

JAGES	B, INC.			4 48 0 10 0 1 10 1 1 10 1 1 10 1 1 1 1 1 1	NA BENJE 1814 BENG BANK NING BIJAK BIJA (BEL
Principal Plac	ce of Business	Mailing Address		i tantiant tia intil gibte dates ubite da	ter batift iffes nurns istiff bijat filt ifft.
21094 SWEETWATER LANE NORTH  BOCA RATON FL 33428  21094 SWEETWATER LANE BOCA RATON FL 33428		NORTH	DO NOT WRITE	IN THIS SPACE	
				3. Date Incorporated or Qualified	
				12/14/1994	
- ALAC	Place of Business	2a. Mailing Address	l. 1 u1	4. FEI Number	Applied For
21 <b>210</b> Suite, Apt.	14 Sweetwats Lan	26 21094 Swutt	ugts Lw W	23-2235924	Not Applicable
22	17, 010.	27		5. Certificate of Status Desired	Fee Required
City Stat	· O I	Cily-8 State	<del></del>	6. Election Campaign Financing	\$5.00 May Be
23 boa		28 BOD 640	<u>1 []</u>	Trust Fund Contribution	Added to Fees
24 334	28 25 US #	Zip _	Country USA	8. This corporation owes or has pa	- · I
24 3 34	9, Name and Address of Current			Personal Property Tax due June 10. Name and Address of New Re	
BILICKWALD EDWARD					
21094 SWEETWATER LANE NORTH 82 Street Addig				DUCIL WOVA ress (P.O. Box Number is Not Acces and	
	CA RATON FL 33428			21094 >weetwath	Lone Nath
			83		
			84 City	0 (2L.	85 Zin Sode
dd Durayant	to the provisions of Protions CO7 04 02	and CO2 1509 Florida Statutor	the above period per	DOLD 141M	FL 33728
office or r	registered agent, or both, in the State of	Florida, Such change was au	thorized by the corpora	poration submits this statement for the r tion's board of directors. I hereby acce	of the appointment as registered
			da Siatules.	ı i	3 98
SIGNATURE	Signature, typed or printed name of registered agent		Hegistered Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P Buckwald. Edward	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	21094 SWEETWATER LANE NO	NRTH.	1.2 NAME		
CITY-ST-ZIP	BOCA RATON FL 33428	/1111	1.3 STREET ADDRESS 1.4 CHY+ST-ZIP		<u> </u>
TITLE	0007, 1411011 12 00120	DEFETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		-
STREET ADDRESS			2.3 STRFET ADDRESS		1
CITY-S1-ZIP			2. 4 CITY - S1 - ZIP		
TATLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STHEET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. C(TY+\$1-ZIP 4.1 T(T(E		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		}
CITY-ST-ZIP			4.4 City - S1 - ZiP		1
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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 or supplemental annual report is five 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 comporation or the receiver or trustee or powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if highland, or on the receiver or trustee of power of the receiver of the composition of the receiver of the composition of the receiver of the composition of the receiver of the receiver of the composition of the receiver of the receive

SIGNATURE:

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