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 # P9500002718 (1)

J.R.S. ENTERPRISES, INC.

FILED Jan 30 1998 8:00am Secretary of State



57.1.48	- 15	Mailing Addrson				8118 1811 1380 N 1180 N 1811 1861
Principal Place of Business Mailing Address						
10914 GANTRY ST.						
BOCA RATON FL 33428		BOOR RATON PE 33420		DO NOT WRITE IN THIS SPACE		
	•				3. Date incorporated or Qualified	
					01/09/1995	_]
2. Principal I	Place of Business	2a, Mailing Address			4. FEI Number	Applied For
21		26		65-0550381	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Commode of States Scotted	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	1	8. This corporation owes or has paid the	M
24	25		30		Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10, Name and Address of New Registers	o washi
SIMPSON, JAMES R SR.			"	Name		
	914 GANTRY ST.		82	Street A	ddress (P.O. Box Number is Not Acceptable)	
B0	DCA RATON FL 33428		83			
			63			
			84	City	-	85 Zip Code
	40	00 007 4500 Elected - October			·	_ ' ' '
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE					equired when reinstaling) DATE	
10	Signature, typed or printed name of registered as	DIRECTORS (NOTE	13.	eni signature ri	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
12. 117LE	D	DELETE	1 1 1 I I LE		7,00,110,10,10,110,1020,10	Change Addition
NAME	SIMPSON, JAMES R SR.		1 2 NAME			• •
STREET ADDRESS	ARRAL CALIFOL OT		1.3 STHEET	LANDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		14 CITY-S			
TITLE	S DELETE		21 THILE			☐ Change ☐ Addition
NAME	SIMPSON, MARIANN		2.2 NAME			
STREET ADDRESS	ADDALA CARTRIA OT		2 3 STREET	ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2 4 CITY-	ST-ZIP		
TITLE		DELETE	3 1 11TLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET	ADDRESS		
CITY-ST-ZIP			3 4. CITY-	ST-ZIP		
TITLE	DELETE 41		4 1 TITLE			☐ Change ☐ Addition
NAME	1		4 2 NAME	l		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		
TITLE	DELETE		5.1 TITLE			Change Addition
NAME	,		5 2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	T ADDRESS		
CITY-\$T-ZIP			5.4 CITY - S	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 eath; 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 without address.

V 72 23 1958