

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000003363 (5)

1. Corporation Name

J.C. - I MANAGEMENT CORP.



Principal Place of Business

Mailing Address

% WOLLETT & ASSOCIATES, P.A.  
4440 P.G.A. BLVD., STE. 103  
PALM BEACH GARDENS FL 33410

% WOLLETT & ASSOCIATES, P.A.  
4440 P.G.A. BLVD., STE. 103  
PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified  
01/12/1995

3a. Date of Last Report  
N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

4. FCI Number  
65-0549071

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

WOLLETT, CYLESTE  
% WOLLETT & ASSOCIATES, P.A.  
4440 P.G.A. BLVD., STE. 103  
PALM BEACH GARDENS FL 33410

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and the applicable

date. If registered agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE  
NAME Joa'n Cerilli  
STREET ADDRESS 80 American Way  
CITY-ST-ZIP Jamestown, RI 02835

TITLE VP & Secretary ☐ DELETE  
NAME Stephen Cerilli  
STREET ADDRESS 80 American Way  
CITY-ST-ZIP Jamestown, RI 02835

TITLE VP ☐ DELETE  
NAME Bradford Cerilli  
STREET ADDRESS 80 American Way  
CITY-ST-ZIP Jamestown, RI 02835

TITLE Asst. Secretary ☐ DELETE  
NAME Cyleste Wollett  
STREET ADDRESS 4440 PGA Blvd., Suite 103  
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 119.07(3)(k), 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 attachment with an address.

SIGNATURE: *Cyleste Wollett* Cyleste Wollett, Asst. Sec.

3-27-96

407-622-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)