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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9500007882 (0)
SAUL JAKUBOWICZ, INC.

Principal Place of Business 1831 N. 50TH AVE.

Mailing Address

1831 N. 50TH AVE.

## **FILED** May 06 1997 8:00am Secretary of State



HOLLYWOOD FL 33021		HOLLYWOOD FL 33021-4013		1	
				Date Incorporated or Qualified     01/25/1995	3a. Date of Last Report 07/30/1996
2. Principal Place of Bu	isiness	2a. Mailing Address	21 0	4. FEI Number	Applied For
21 4920 NOK	2TH 36 COURT		4 36 COURT	NOT APPLICABLE	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Gity & State 23 HOLLYWO	OD, FL.	28 HOLLYWOO	D,FL.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
33021	Country S. A.	33021	Country	This corporation has liability for in Florida Statutes	ntangible taxunider s. 199.032, Yes DNo
9. Nar	ne and Address of Curren		1	10. Name and Address of New Rec	
JAKUBOWIC			81 Name	SAUL JAKUBOW	
1831 N. 50T			82 Street Ad	SAUL JAKUBOW	700
HOLLYWOOI			83	dress (P.O. Box Number is Not Acceptable)	COURT
ı			84 City	lollywood,	FL 85 Zip Code 21
11. Pursuant to the pro	visions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-named co	proporation alibmits this statement for the proporation's board of directors.	urpose of changing its registered
agent. Lam familiar	with, and accept the oblig-	ations of, Section 607.0505, Flori	ida Statutes.	ration's board of directors. I hereby accep	t the appointment as registered
SIGNATURE					
Signature ty	paul or printed name of registered age		Registered Agent signature rec	quired when reinstating)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICE PAGEST DENT SAUL JAKUBOWI'CL 4420 NORTH 36 HOLLYWOOD, FL.	ERS AND DIRECTORS IN 12
TATAB	OMBOT CALL	☐ DELETE	1.1 TITLE	SAW TAKUBOWICZ	Thange Addition
4004 6	OWICZ, SAUL		1.2 NAME	MARCH 36	COURT
	N. 50TH AVE.		1.3 STREET ADDRESS	HALL ROOM SO	22021
	WOOD FL 33021			Morcywood, Fe.	334~1
Tritus		DELETE	2 1 TITLE	-	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ACODRESS			2 3 STREET ADDRESS		•
City-St-ZiP	, , , ,		2 4 CITY-ST-ZIP		
THTLE		☐ DELETE	31 TITLE		Change
NAME			3.2 NAME	•	τ.
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST ZIF			3.4. CITY - ST - ZIP		
FIFLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CH1-S1-7IP			4.4 CITY - ST - ZIP		
Trit		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CiTY+SI-7iP			5.4 CITY - ST - ZIP		
11115		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
				·	
CITY - S1 - ZIP	that the information combo	d with this bling does not qualify	6.4 CiTY-ST-ZiP	ted in Section 119 07/3/(i) Florida Statutas	e I further cortify that the

supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this annual re-liam an officer or director of the corporappears in Block 12 or Block 13 if a pure

SIGNATURE: