

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000016876 (1)

1. Corporation Name  
IRA JACOBSON INC.



Principal Place of Business

P.O. BOX 450834  
PLANTATION FL 33345-0834

Mailing Address

P.O. BOX 450834  
PLANTATION FL 33345-0834

3. Date Incorporated or Qualified  
02/24/1995

3a. Date of Last Report

2. Principal Place of Business

21 7744 PETERS ROAD

Suite, Apt. #, etc.

22 City & State  
PLANTATION FL

23 Zip  
33324

24 Country  
Broward

2a. Mailing Address

26 7744 PETERS ROAD

Suite, Apt. #, etc.

27 City & State  
PLANTATION, FL

28 Zip  
33324

29 Country  
Broward

4. FEI Number

65-0563846

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

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.  
4521 PGA BLVD.  
SUITE 211  
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

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 607.0532 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME  
JACOBSON, IRA  
% P.O. BOX 450834 N/A  
PLANTATION FL 33345-0834

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

8. 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  
JACOBSON, IRA  
1.3 STREET ADDRESS  
7744 PETERS ROAD  
1.4 CITY - ST - ZIP  
PLANTATION, FL 33324

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/96 454-423-3574

CR2E034 (12/95)