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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000030681 (7)

JIM TATE, INC.

Principal Place of Business Mailing Address 2175 NE 58TH STREET 2175 NE 56TH STREET **APARTMENT 204 APARTMENT 204** FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308-2557 3. Date Incorporated or Qualified 3a. Date of Last Report 04/14/1995 05/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0590158 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees ZIC Country This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TATE, JIM 2175 NE 56TH STREET 62 Street Address (P.O. Box Number is Not Acceptable) **APARTMENT 204** FT. LAUDERDALE FL 33308 83 84 City 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 Signerate: typical or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D THLE DELETE 1.1 TITLE Change Addition TATE, JIM NAME 1.2 NAME 2175 NE 58TH STREET STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33308 CHY-\$1-219 1.4 CITY-ST-ZIP DELETE THILE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 City-St-ZiP DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE ☐ Addition TITLE 4.1 TITLE ☐ Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CITY - ST- ZIP DELETE THILE 51 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-709 5.4 CITY-ST-ZIP 11Tt E DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP City-St-ZiP

SIGNATURE:

14. I do 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 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.

(954)776-7646

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**FILED** 

May 02 1997 8:00am

Secretary of State