

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000030978 (7)

1. Corporation Name

JA DE CLUB, INC.

Principal Place of Business

Mailing Address

1118 C.R. HIGHWAY 574  
SEFFNER FL 33584

12535 HOBSON SIMMONS RD  
LITHIA FL 33547  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1995

4. FEI Number

59-3308112

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 6133 N.W. 41 DR.

22 City & State

27 City & State

23 Zip

Country

28 CORAL SPRINGS, FL

24 Zip

Country

29 33067

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLEY, DEBORAH  
12535 HOBSON SIMMONS ROAD  
LITHIA FL 33547

81 Name

KELLEY, DEBORAH

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

6133 N.W. 41 DR.

83

84 City

CORAL SPRINGS

FL

85 Zip Code  
33067

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DST  
KELLEY, DEBORAH  
STREET ADDRESS 12535 HOBSON SIMMONS RD  
CITY-ST-ZIP LITHIA FL

TITLE ☐ DELETE

NAME DP  
KELLY, JAMES  
STREET ADDRESS 12535 HOBSON RD  
CITY-ST-ZIP LITHIA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6133 N.W. 41 DR.  
CORAL SPRINGS, FL 33067

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

KELLEY, JAMES  
6133 N.W. 41 DR.  
CORAL SPRINGS, FL 33067

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 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.

SIGNATURE: James Kelley

JAMES KELLEY

04/24/98 (054) 406 4038

CR2E034 (10/97)