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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000050065 (8)

Principal Place of Business	Mailing Address	
3297 SOUTH U.S. 1 FT. PIERCE FL 34982	3297 SOUTH U.S. 1 FT. PIERCE FL 34992	

## **FILED** Apr 15 1998 8:00am Secretary of State

JEANN	E'S FOR	HAII	R, INC.										
Principal Plac	ce of Busine	ss		M	lailing Address					3 (001100) (16 (818) 61111 69)(1 69)(1	Till Amint Mist	L AEIRI Aaria di	IIRI BIII 1884
3297 SOUTH					3297 SOUTH U.S. 1								
FT. PIERCE FL 34982 FT. PIERCE FL 34982									DO NOT WRITE IN THIS SPACE				
										3. Date Incorporated or Qualified			
									06/27/1995				
2. Principal F	Place of Bus	iness	·····	20	. Mailing Address					4. FEI Number		Aſ	oplied For
21					26					65-0596487			ot Applicable
Suite, Apt #, etc.				$\vdash$	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired
22 City & Sta	ile ———			27	City & State			<del></del>		6 Stanton Compaign Financia			
23				28	<b>├</b> ¬ ′					6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Zip Country			1=0,	Zip Countr				-	8. This corporation owes or has pa			
24		25		29		30				Personal Property Tax due June	_		] No
	9, Nam	e and	Address of Curre	ent Regi	stered Agent					10. Name and Address of New Re	gistered	Agent	
	arnes, st						B1	Name					
442 S.W. CURRY ST. PORT ST. LUCIE FL 34983							82	Street	Addres	ss (P.O. Box Number is Not Accepta		<u></u>	
							83						
]							84	City				<b>85</b> Zip	Code
											FL	,     '	
11. Pursuant office or	t to the provi registered a	sions gent,	of Sections 607.05 or both, in the State and accept the obline	i02 and 6	307.1508, Florida Stat da. Such change wa d. Section 607.0505	iutes, the s authoriz Florida St	above ed by	rhe corp	corpor coration	ration submits this statement for the n's board of directors. I hereby acce	ourpose of pt the app	changing i ointment as	ts registered registered
i		*****, <b>G</b>	no accept the com	galloris	ii, 3ection 007.0303,	i iorida ot	alulos						
SIGNATURE	Signature, type	d or prin	nted name of registered a	gent and title	s if applicable (N	OTE: Registe	red Age	nt signature	required	when reinstating)	DATE		<del></del>
12.			OFFICERS A	ND DIRE		13				ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	P				☐ DELETE	1.1	TITLE	ļ	PR	ESIDEUT		Change	Addition
NAME			RY JEAN			- 1	NAME		Cu	RREY-WHITE, MA	Ry Je	ON	
STREET ADORESS			RRY ST.					ADORESS	44	RREY-WHITE, MAR 2 SW CURRY ST. 2 ST. LUCKE, FL3	1000		
CITY-ST-ZIP	PORI	<u> </u>	UCIE FL 34982		DELETE		CITY-S	r-zip	rok	754. LUCIE, FL3	4982	Change	Addition
TITLE					C) occur		TITLE	ŀ	1			L_ Change	☐ Addition
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CITY-ST-ZIP TITLE	┪──				DELETE		CITY-S	n - ZIP	·			Change	Addition
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STREET ADDRESS	]					4.3	STREET	ADDRESS	1	•			
CITY-ST-ZIP						4.4	CITY-S	T- <b>Z</b> IP	L				<u></u>
TITLE					☐ DELETE		TITLE					Change	☐ Addition
NAME						5.2	NAME		l	1			
STREET ADDRESS						5.3	STREET	ADDRESS	1	*			
CITY-ST-ZIP	ļ						CITY-S	T - ZIP					
TITLE	1				☐ DEL€TE	6.1	TITLE		1			Change	Addition
NAME						6.2	NAME		l				
STREET ADORESS													
CITY-ST-ZIP						6.3	STREET	ADDRESS					

thereby certify that the information supplied with this filling 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.