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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000066154 (2)

THE JERRY AND JOHN CORPORATION

FILED May 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 809/823 N FEDERAL HWY 809/823 N FEDERAL HWY FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/25/1995 Applied For Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0626151 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zio $Z_{\rm ID}$ 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HITCHCOCK, JOHN 809/823 N FEDERAL HWY Street Address (P.O. Box Number is Not Acceptable) 82 FT LAUDERDALE FL 33304 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 Floridal 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 proted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE NAME HITCHCOCK, JOHN 1.2 NAME **809/823 N FEDERAL HWY** STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33304 CITY-ST-ZIP 1.4 C(TY - S1 - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(1 Y - ST - ZIP ☐ DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 6.1 THLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information 14. I hereby certify that the information supplied with indicated on this annual report or supplemental officer or director of the corporation of the corporation. orthis true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an 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