

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 10 1998 8:00am
Secretary of State

DOCUMENT # P95000066946 (1)

1. Corporation Name
JIRAYR, INC.

Principal Place of Business
**2563 EAST SUNRISE BOULEVARD
FORT LAUDERDALE FL 33304**

Mailing Address
**2563 EAST SUNRISE BOULEVARD
FORT LAUDERDALE FL 33304**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified
08/30/1995

4. FEI Number
65-0613578

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DULGEROGLU, JIRAYR
2555 NE 11 ST, APT 109
FT LAUDERDALE FL 33306**

B1 Name **Dulgeroglu Jirayr**
B2 Street Address (P.O. Box Number is Not Acceptable)
2901 Palm Dr. South
B3 Apt. # **403**
B4 City **Panama Beach** FL B5 Zip Code **32069**

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 **Jirayr Dulgeroglu**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **7/2/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **OPTV** ☐ DELETE
NAME **DULGEROGLU, JIRAYR**
STREET ADDRESS **2563 EAST SUNRISE BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **DULGEROGLU, JIRAYR**
STREET ADDRESS **2563 EAST SUNRISE BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 in an attachment with an address.

SIGNATURE **Jirayr Dulgeroglu**

DATE **7/2/98**

CR2E034 (5/98)

FUND CCS C NC

First Union
Commercial Customer Service Center
1525 W.T. Harris Blvd. 2A3
Charlotte, N.C. 28288-1146
Tel 1-800-222-3862
Fax 1-800-214-8988

FAX CONFIRMATION OF REQUESTED SERVICES

COMPANY NAME: Jirayr, Inc
TO: Jirayr FAX: 954-566-9559
FROM: Angie Sprinkle DATE: 7-2-98
PAGES: 1 (including cover sheet)

Please be advised we have performed the following transaction(s) on your account(s):

TRANSFER OF FUNDS

From account: _____

To account: _____

In the amount of: _____

PAYDOWN LINE OF CREDIT

Customer Number: _____

Note Number: _____

From account: _____

In the amount of: _____

ADVANCE LINE OF CREDIT

Customer number: _____

Note Number: _____

To account: _____

In the amount of: _____

STOP PAYMENT

Account number: 2090001034986

Check number: 1227

Amount: \$150.00

Date issued: 5/6/98

Reason: Lost

Payee: Florida Dept of State

COMPLETED BY: Replacement check # 1249 Date 7/2/98