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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P95000091936 (1) DOCUMENT #

JME ENTERPRISES, INC.

FILED May 06 1998 8:00am Secretary of State



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Principal Place		Mailing Address		· ·	
7179 PEMBROKE RD PEMBROKE PINES FL 33023		7179 PEMBROKE RD PEMBROKE PINES FL 33	1023	DO NOT WRITE IN THIS SPACE	
		remotione rates to so	OEV .		
				 Date Incorporated or Qualified 11/30/1995 	
Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
]		26		65-0628076	Not Applicabl
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	38.75 Additional Fee Required
City & State)	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 _{IP}	Country	8. This corporation owes or has paid	
	25	29	30	Personal Property Tax due June 30	
	9. Name and Address of Cur		T	10. Name and Address of New Regi	
SIV	ÆRIO, E		81 Name		
	79 PEMBROKE RD		62 Street Add	iress (P.O. Box Number is Not Acceptable	<u> </u>
	MBROKE PINES FL 33023		Sireer Add	(i.e. sex manus, is not recopitable	,
			83		
			84 City		85 Zip Code
			'		┡╏┈┆
1. Pursuant t	to the provisions of Sections 607.	0502 and 607.1508, Florida Statut	es, the above-named cor	poration submits this statement for the pur	pose of changing its registered
Office of re	egistered agent, or both, in the St m femiliar with land accord the ob	blications of Section 607 0505. Ek	orida Statutes.	poration submits this statement for the pur ation's board of directors. I hereby accept	and appointment as registered
agent. I ar	in the miner than a drop become the or	signification of coolings consequent			
	m is this with and accept the or				
GIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable (NOT	E: Registered Agent signature requ	ired when reinstating)	DATE
SIGNATURE 12.	Signature, typed or printed name of registered	d agent and title if applicable (NOT AND DIRECTORS	E: Registored Agent signature requi		DATE RS AND DIRECTORS IN 12
EIGNATURE 2.	Signature, typod or printed name of registered OFFICERS	d agent and title if applicable (NOT	E: Registered Agent signature required 13.	ired when reinstating)	DATE RS AND DIRECTORS IN 12
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