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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P9600000943 (6) DOCUMENT #

JRD DEVELOPMENT OF BREVARD, INC.

Principal Place of Business Mailing Address 632 MAGUIRE BLVD. 632 MAGUIRE BLVD. ORLANDO FL 32803 ORLANDO FL 32803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/03/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-3455558 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 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 YOSSIFON, JOSEPH 632 MAGUIRE BLVD. Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 City 85 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 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change ___ Addition NAME YOSSIFON, JOSEPH 1.2 NAME CR2E034 632 MAGUIRE BLVD. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME YOSSIFON, RONALD 2.2 NAME 632 MAGUIRE BLVD. STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE __ DELETE 3.1 TITLE Change Addition

FILED Jan 16 1998 8:00am Secretary of State

YOSSIFON, DEREK NAME 3.2 NAME 632 MAGUIRE BLVD. STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP 3.4. CITY-ST-ZIP T177 F DELETE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I hereby certify that the information indicated on this annual report or si officer or director of the population Block 12 or Block 13 if briadings of the company of t ation 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 or suppliemental 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 attain or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or on an attachment with an address.

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