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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90235 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000004070

1. Corporation Name

THE JOHN/JAKI GROUP, INC.



Principal Place of Business
10031 PINES BLVD., STE. 215
213
PEMBROKE PINES FL 33024
US

Mailing Address
10031 PINES BLVD., STE. 215
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1996

4. FEI Number

65-0640652

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 9831 GOLDENROD DR.
Suite, Apt. #, etc.

2a. Mailing Address

26 9831 GOLDENROD DR.
Suite, Apt. #, etc.

City & State

23 BOYNTON BEACH FL.
Zip Country

City & State

28 BOYNTON BEACH FL.
Zip Country

24 33437

25

29 33437

30

9. Name and Address of Current Registered Agent

HISHMEH, JOHN Y
8641 SW 16 COURT
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name JOHN Y. HISHMEH
82 Street Address (P.O. Box Number is Not Acceptable)
9831 GOLDENROD DR
83
84 City BOYNTON BEACH FL 85 Zip Code 33437

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)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME HISHMEH, JOHN Y
STREET ADDRESS 8641 SW 16 COURT
CITY-STATE-ZIP PEMBROKE PINES FL 33025

TITLE V
NAME HISHMEH, JANETTE R.
STREET ADDRESS 8641 SW 16 COURT
CITY-STATE-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE HISHMEH JOHN Y. ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 9831 GOLDENROD DR
1.4 CITY-STATE-ZIP BOYNTON BEACH FL 33437

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Y. HishmeH*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 561 733 1484
Date Daytime Phone #

CR2E034 (11/98)