FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000008470 (2)

JAC & COMPANY

FILED May 01 1998 8:00am Secretary of State



| | | <u>.</u> | | | | , Edili goleh kalil elektuali odih odih lodi |
|---|--|---------------------------------|--------------|----------------------------------|---|--|
| Principal Place of Business Mailing Address | | | | | | |
| 2113 S.W.:101 | | 2113 S.W. 10TH AVENUE | | | | |
| FORT LAUDERDALE FL 33315 | | FORT LAUDERDALE FL 33315 | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualified | |
| | | | | | 01/26/1996 | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | | 26 | | | 65-0642435 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 22 | | 27 | | a. Continuate of Otalian Doshod | Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| | | 28 | · | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Cour | ntry | 8. This corporation owes or has paid | |
| 24 | 25 | [29] | 30 | | Personal Property Tax due June 3 10. Name and Address of New Reg | |
| | 9. Name and Address of Current | Registered Agent | | 81 Name | 10. Name and Address of New Neg | Isteled Agent |
| | KERSON, HEATHER | | | | | |
| | 3 S.W. 10TH AVENUE | | B2 Street Ad | | ddress (P.O. Box Number is Not Acceptable | θ) |
| Series Fort Lauderdale FL 33315 | | | - | | | |
| - | | | | 63 | | |
| | | | | 84 City | | 85 Zip Code |
| | | | | | | FL S S S S S S S S S |
| 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 Stormblare: twoed or printed name of registioned agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
| | Signature: typed or printed harne of registered Age: OFFICERS AND | | 13. | Agent signature n | ADDITIONS/CHANGES TO OFFICE | |
| 12. | D | DELETE | 1.1 111 | LE | 100111011010111111111111111111111111111 | ☐ Change ☐ Addition |
| NAME | OAKERSON, HEATHER | _ | 1,2 NA | ME | | |
| STREET ADDRESS | 2113 S.W. 10TH AVENUE | | | REET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33315 | • | 1 | Y-SI- <i>Z</i> IP | | |
| TITLE | P | DELETE | 2.1 111 | | | Change Addition |
| NAME | OAKERSON, GERALD | | 2.2 NA | ME | | |
| STREET ADDRESS | 2113 SW 10TH AVE | | 2.3 S1I | REET ADDRESS | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | 2. 4 CI | TY-ST-ZIP | | |
| TITLE | | DELETE | 3 1 TIT | LE | | Change Addition |
| NAME | | | 32 NA | ME | | |
| STREET ADDRESS | | | 3.3 ST | REET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. Cf | TY-SI-ZIP | | |
| TITLE | | DELETE | 4.1 TIT | LE | | Change Addition |
| NAME | | | . 4.2 N/ | ME | | |
| STREET ADORESS | | | 4.3 ST | REET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CI1 | Y-ST-ZIP | | |
| TITLE | | DELETE | 5.1 TIT | LE | | Change Addition |
| NAME | | | 5.2 NA | ME | | |
| STREET ADDRESS | | | 5.3 ST | REET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CIT | Y-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TIT | LE | | Change Addition |
| NAME | | | 6.2 NA | ME | | |
| STREET ADDRESS | | | 6.3 \$1 | REET ADDRESS | | |
| CITY-ST-ZIP | | | | Y-ST-7IP | | |
| 14 hereby | certify that the information supplied we | th this filing does not qualify | | | in Section 119.07(3)(i), Florida Statutes, I f | further certify that the information |

4. I bereby certify that the information supplied with this filing closs 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 frustee 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 an attachment with an address.

1 Miran Quall

111177146

954-523-100 NE