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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Jan 21 1998 8:00am

Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P96000023567 (6)

J & R	ori Name SALES, IN		000023307 (0	<b>'</b> )					
Principal Place of Business Mailing Address							-{		<b>(0 0)</b>       <b>                   </b>
4104 STALL ROAD P.O. BOX 274150 TAMPA FL 33624 TAMPA FL 33688									
							DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualified	7,	
Osimalinal I	2. Principal Place of Business 2a. Mailing A						03/15/1996		
21 Principal F	riace or Busi	ness	2a. Mailing Address				4. FEI Number	<u> </u>	Applied For
Suite. Apt. #. etc.			26 Suite Apt # ete	Suite, Apt. #, etc.			59-3374057		Not Applicable
22	, 0.0.		27				5. Certificate of Status Desired		75 Additional e Regulred
City & Sta	te		City & State				# Floation Compaign Financing		<del></del>
23			28				6. Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
Zip	Country		Zip	Countr	Country		8. This corporation owes or has paid the co		
24	25 29		30	30		Personal Property Tax due June 30.	Yes	□ No	
g. Name and Address of Current Registered Agent							10. Name and Address of New Registered	Agent	
GC	BBEL, H. J	AY		81	1   1	Vame			
4104 STALL ROAD				82	2 5	Street Addres	ss (P.O. Box Number is Not Acceptable)		
TAMPA FL 33624									
				83	3				
				84	1 0	City		85 2	Zip Code
44 Dispersion to the control of the						FL S PROCES			·
office or agent. I a	ini raminar wi	an, and accept the	obligations of Section 607,0505,	Florida Statute	3S.		ration submits this statement for the purpose on its board of directors. I hereby accept the ap	or changin pointment	ng its registered Las registered
	Signature, typed			IOTE: Registered Ag	jont si	ignature required			
12.	Ď	OFFICE	RS AND DIRECTORS  DELETE	13.		<del></del> ,	ADDITIONS/CHANGES TO OFFICERS AN		
NAME	_	LI IAV	L. Dettere	1.1 TITLE		Ī		L Chang	ige L Addition
STREET ADDRESS	GOBBEL, H. JAY 1 ADDRESS 4104 STALL ROAD				1.2 NAME				
	211/21 Pt 00004				1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	D 1AMPA FL 33029		DELETE	1.4 CITY-ST-ZIP E 2.1 TITLE		P		☐ Chane	no I Addition
NAME	GOBBEL, ROSE A		C) breeze	2.2 NAME				☐ CHAR	ge [_] Addition
STREET ADDRESS				· ·	2.3 STREET ADORESS				
CITY-ST-ZIP	#444D4 (F) 00004				2.4 CITY-ST-ZIP		er e		
TITLE			DELETE	3.4 UII Y -				Chang	ge Addition
NAME				3.2 NAME				پالسان ہے	y∘ L_1 AUGINON
STREET ADDRESS				3.3 STREET	T ልቦኮ	IRESS			j
CITY-ST-ZIP	,			3.4. CITY -					
TITLE			4.1 TITLE				Chang	ge Addition	
NAME				4. 2 NAME					, <del></del>
STREET ADDRESS				4.3 \$TREET		RESS			
CITY-ST-ZIP	P			4.4 CHY-ST-ZIP					
TITLE			5.1 TITLE			1. 1	Chang	ge Addition	
NAME				5.2 NAME				_	
STREET ADDRESS				5.3 STREET	I ADD	RESS			
CITY-ST-ZIP				5.4 CITY - 9	ST-ZIF	P			
TITLE			☐ DELETE	6.17111.8				Chang	ge Addition
NAME				6.2 NAME					Į
STREET ADDRESS 6.3 ST					(ADD	RESS			Í
C(7Y-ST-7)P				E 4 CITY O	T 710	, l			

14. 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 receiveryor 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 chapter or on an attachment with an address.

CAVATURE. ROSE () MANUEL HOUR DESCRIPTION 1-200 012 May