

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90060 032 ***150.00

DOCUMENT # P96000042753

1. Corporation Name

A D - J L C , INC.



Principal Place of Business

2795 N. 40TH AVE
HOLLYWOOD FL 33021-3024
US

Mailing Address

940 LINCOLN RD WALL SUITE 204
MIAMI BEACH FL 33139

2795 N. 40th Ave
Hollywood FL 33021-3024

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 10215 CARACAS ST

Suite, Apt. #, etc.

22 COOPER CITY FL

23 COOPER CITY FL

24 33026 US

2a. Mailing Address

26 10215 CARACAS ST

Suite, Apt. #, etc.

27 COOPER CITY FL

28 COOPER CITY FL

29 33026 US

3. Date Incorporated or Qualified

05/13/1996

4. FEI Number

65-0668381

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

9. Name and Address of Current Registered Agent

JACOBY, EZRA
2795 N. 40TH AVE
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name AVI JACOBI

82 Street Address (P.O. Box Number is Not Acceptable)

10215 CARACAS ST

83 COOPER CITY

84 City

FL

85 Zip Code

33026

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

Avi Jacoby

AVI JACOBI

4.6.99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME JACOBI, AVI
STREET ADDRESS 2795 N 40TH AVE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 10215 CARACAS ST

1.4 CITY-ST-ZIP COOPER CITY FL 33026 US

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Avi Jacoby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACOBI

4.6.99

954 557 6834

Date

Daytime Phone #

CR2E034 (1/98)