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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600046366 (6) JERRY FEITLER, INC.

## **FILED** May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2140 N.W. 17TH STREET 2140 N.W. 17TH STREET DELRAY BEACH FL 33445-2617 DELRAY BEACH FL 33445-2617 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0673666 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FEITLER, GERALD 2140 N.W. 17TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) DELRAY BEACH FL 33445-2617 83 84 City 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 (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1 1 TITLE Change Addition FEITLER, GERALD NAME 1.2 NAME 2140 NW 17TH ST. STREET ADDRESS 1.3 STREET ADDRESS **DELRAY BEACH FL** CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE Change TITLE 2.1 TITLE Addition FEITHER, LISA NAME 2.2 NAME 2140 N.W. 17TH STREET STREET ADDRESS 23 STREET ADDRESS **DELRAY BEACH FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE FITLE Change Addition 31 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. City-ST-ZiP DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-7iP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. Thereby certify that the information supplied with this fuling 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 suppliemental armual 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 of firstee empowered to secute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: