PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90066 038 ***150.00

DOCUM 1. Corporation	MENT # P96000	046366			
JERRY FEITLER, INC.					
Principal Place	of Business	Mailing Address		-	01010 01130 2110 01110 0111 1901
2140 N.W. 17TH STREET 2140 N.W. 17TH STREET DELRAY BEACH FL 33445-2617 DELRAY BEACH FL 33445-			617	DO NOT MORE IN THE	c coace
				DO NOT WRITE IN THI 3. Date Incorporated or Qualifed	5 SPACE
				05/24/1996	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	ace of Business	26		65-0673666	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country 30	This corporation owes the current year In Personal Property Tax.	ntangible ☐ Yes X No
24	9. Name and Address of Curren	1	30	10. Name and Address of New Registered	
	5. Haine and Address Or Conten	it i regional a Agent	81 Name	<u> </u>	
Feitler, Gerald			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
2140 N.W. 17TH STREET			62 Street Add	diess (P.O. Box Number is Not Acceptable)	
DELRAY BEACH FL 33445-2617			83		
			84 City		85 Zip Code
				rporation submits this statement for the purpose of	L
agent. I ai	m familiar with, and accept the obligation of th	nt and title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
12.		ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	P AFRICA		1.2 NAME		
NAME	FEITLER, GERALD		1.3 STREET ADDRESS		}
STREET ADDRESS	2140 NW 17TH ST. DELRAY BEACH FL		1.4 CITY-ST-ZIP		. 1
TITLE	ST ST	☐ DELETE			Change Addition
NAME	FEITHER, LISA		2.2 NAME	ESTLER, LILA	
STREET ADDRESS	2140 N.W. 17TH STREET		2.3 STREET ADDRESS	•	Ì
CITY-ST-ZIP	DELRAY BEACH FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DÉLETE	3.1 TITLE		☐ Change ☐ Addition
NAME			32 NAME	,	[
STREET ADDRESS			3.3 STREET ADDRESS		v
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS 4.4 City-St-ZiP		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		_	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY- ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	•	
CITY-ST-ZIP	1		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 attachage with an address with all other like empowered.

FICER OR DIRECTOR