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

DOCUMENT # P96000048427

1. Corporation Name JABFER, INC.

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

03-02-1999 90200 033 ***150.00



Principal Place	of Business	Mailing Address			_)	
1237 STIRLING ROAD 1237 STIRLING ROAD				ļ				
DANIA FL 33004 DANIA FL 33004								
US US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 06/03/1996		-
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	oplied For
21 2057 Taft St. 26 2057 Taft			5t.			59-2486659	N _t	ot Applicable
Suite, Apt. i	Suite, Apt. #, etc.					\$8.75	Additional	
22		27				5. Certifcate of Status Desired		equired
City & State		City & State Hollywood, FL			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 3302	Country 25 USA	^{Zip} 330 20 30	Coun	is 15A		This corporation owes the current year I Personal Property Tax.	Intangible ☐ Yes	□No
24 9900	9. Name and Address of Current				_	10. Name and Address of New Registere		
		31 Name			······································			
BOGGS, LESTER C								
1237 STIRLING ROAD DANIA FL 33004			L	2057 Taft St.				
DAN	A 1 E 0000T			33				
			1	City I	lun	xood F	L 85 Zip	020
 Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorize 					comor	ration submits this statement for the ourpose	of changing its	registered egistered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Rec	gistered A	gent signature r	required v	when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	OR\$ IN 12
TITLE	D	☐ DELETE	1.1 TITL	E	D		🔀 Change	☐ Addition
NAME	BOGGS, LESTERANN C		1.2 NAM	E	B0	GGS, LESTER C.		
STREET ADDRESS	2311 LEE STREET .		1.3 STR	EET ADDRESS	23	Il Lee St.		
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY	-ST-ZIP	Hol	Lywood, FL 33020		
TITLE	D	☐ DELETE	2.1 TITL	E	1	•	Change	☐ Addition
NAME	HUTCHISON, LORA JANN		2.2 NAM	E	HU	TCHISON, LORA JANN 05 E. GREEN LANE		
STREET ADDRESS	4018 BUCHANAN ST		23STR	EET ADDRESS	70	5 E. GREEN LANE		,
CITY+ST-ZIP	HOLLIGHOOD EL GROOM		2. 4 CIT	2.4 CITY-ST-ZIP		DODSTOCK, GA 30180	7	
TITLE			3.1 TITL	E			Change	Addition
NAME			3.2 NAM	E				
STREET ADDRESS	4151 SW 75 CIRCLE		3.3 STR	EET ADDRESS	1			}
CITY-ST-ZIP	DAVIE FL 33314		3.4. CIT	Y-ST-ZIP				
TITLE	D	☐ DELETE	4.1 TITL				☐ Change	Addition
NAME	PAYNE, NANCY A		4. 2 NAM	Æ	l			
STREET ADDRESS	PSC 41 BOX 45		4.3 STR	EET ADDRESS				
CITY-ST-ZIP	APO AE 09464		!	-ST-ZiP				
TITLE	D	□ DELETE	5.1 TITL		t^-		Change	☐ Addition
NAME	WILLIAMS, KIMBERLY S		5.2 NAM				•	
STREET ADDRESS	ROUTE 5 BOX 669		5.3 STR	EET ADDRESS				
CITY-ST-ZIP	HINDERSONVILLE NC 28792		54 CITY	'-ST-ZIP	HE	NDERSON VILLE, NC 2	8792	
TITLE	D	☐ DELETE	6.1 TITL	E	\vdash		☐ Change	Addition
NAME	BOGGS, H. DUFF		6.2 NAM	E	Ì			
STREET ADDRESS	2301 LEE STREET		6.3 STR	EET ADDRESS	}			
CITY-ST-ZIP	HOLLYWOOD FL 33020		6.4 CITY	-ST-ZIP				

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.

utchisin Lora Jann Hutchison