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Apr 08, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000051714

1. Corporation Name

JSR ENTERPRISES OF DAVIE, INC.



Principal Place of Business

1703 WHITEHALL DRIVE, SUITE 404
DAVIE FL 33324

Mailing Address

1703 WHITEHALL DRIVE, SUITE 404
DAVIE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

06/17/1996

4. FEI Number

65-0672976

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

2. Principal Place of Business

2a. Mailing Address

21 20314 NW 2ND AVE

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 MIAMI FL

27 City & State

28

24 Zip 33169 Country
25 MIAMI - Dade

29 Zip Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLMAN, RUTH
1703 WHITEHAL DR.
SUITE 404
DAVIE FL 33324

81 Name

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

83

84 City

FL

85 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 *Ruth Millman*
Signature, typed or printed name of registered agent and office, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 2/27/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD
NAME MILLMAN, RUTH
STREET ADDRESS 1703 WHITEHALL DRIVE, SUITE 404
CITY-ST-ZIP DAVIE FL 33324

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

TITLE

☐ DELETE

1.2 NAME

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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)(l), 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: *Ruth Millman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

305/6579901