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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999

### DOCUMENT # P96000056257 1. Corporation Name

JMB PROFESSIONAL WALL COVERING INC.

# May 04, 1999 8:00 am Secretary of State

05-04-1999 90056 020 \*\*\*150.00



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Principal Place of Business Mailing Address								$\neg$			188 <b>4</b> 111 <b>0</b> 616 <b>1</b> 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9814-E WATERMILL CIRCLE 9814-E WATERMILL CIRCLE													
BOYNTON FL 33437				BOYNTON BEACH FL 33437				- {					
US						DO NOT WRITE IN THIS SPACE							
								3.	Date Incorporated or Qualifed				
									07/01/1996				
2. Principal Place of Business				2a. Mailing Address				4.	FEI Number		<u> </u>	olied For	
21				26					65-0687528			Applicable	
Suite, Apt. #, etc.			<u></u>	Suite, Apt. #, etc.				5	Certifcate of Status Desired		\$8.75 A		
22	بر حصیناتیں کا سیمت		27	<u></u>				<u> </u>	·		Fee Red		
City & State				City & State				6.	6. Election Campaign Financing \$5.00 May Be				
23			28						Trust Fund Contribution	<u> </u>	. Added to	Fees	
Zíp		Country		Zip	Cou	ntry		8.	This corporation owes the curr		ngible	_/	
	25	25 29 30				_ <del></del> _			Personal Property Tax. Yes ANO				
	9. Name an	d Address of Curre	nt Regis	tered Agent		Ļ.,		10.	Name and Address of New F	legistered A	gent		
_						81	Name						
ragoonath, Michael R						82	Street A	ddress (F	O. Box Number is Not Accepta	ble)			
200 KNUTH ROAD STE 248-E							and the state of the sext terms in the section of t				j		
BOYNTON BEACH FL 33426						83							
							0.1				Test Zin C	·ada	
						84	City			FL	85 Zip C	,ode	
office or t	enistered agent	or both in the State	of Florid	07.1508, Florida Statute da. Such change was au , Section 607.0505, Flori	thorized	l bv	the corpor	orporation ation's bo	n submits this statement for the pard of directors. I hereby accep	purpose of c	hanging its i tment as reg	registered gistered	
	·											ļ	
SIGNATURE	Signature, typed or p	rinted name of registered age	nt and title	if applicable. (NOTE:	Registered	Agen	t signature req			DATE			
12. OFFICERS AND DIRECTORS 1						13.			ADDITIONS/CHANGES TO OF	FICERS ANI			
TITLE	P DELETE				1.1 TI	1.1 TITLE					Change	☐ Addition	
NAME	BRGAR, JEFFREY				1.2 NAME				•				
STREET ADDRESS	9814 E WAT		1.3 STREET ADDRESS										
City-St-zip	BOYNTON FL			1.4.0			1.4 CITY-ST-ZIP						
TITLE					2.1 11	2.1 TITLE					☐ Change	☐ Addition	
NAME	BREAR, JENNY 23				2.2 N	2.2 NAME							
STREET ADDRESS	9814 E WATERMILL CIR				2.3 STREET ADDRESS							1	
_CITY_ST_ZIP	BOYNTON I				2.4C	rry-s	T-ZIP	_					
TITLE				☐ DELETE	3.1 11	TLE.	-				Change	Addition	
NAME .					3.2 N	AME							
STREET ADDRESS 3.3 ST						3.3 STREET ADDRESS						ļ	
CITY-ST-ZIP					3,4. C	πγ∙s	T-ZIP						
TOTAL				□ DELETE	4.1 TI						☐ Change	☐ Addition	

6.4 CITY-ST-ZIP 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.

. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

TITLE

NAME

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

Change

Change

☐ Addition

Addition