

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

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065566 (7)

1. Corporation Name
REP'D BY JACKIE INC.



Principal Place of Business
1151 SOUTHWEST 128 TERRACE, SUITE 405
PEMBROKE PINES FL 33027

Mailing Address
1151 SOUTHWEST 128 TERRACE, SUITE 405
PEMBROKE PINES FL 33027-1980

2. Principal Place of Business
21 320 So FLAMINGO Rd
Suite, Apt. #, etc.
22 Suite # 117
City & State
23 Pembroke Pines
Zip
24 FL Country
25 USA

2a. Mailing Address
26 Same
27 Suite, Apt. #, etc.
28 City & State
29 33027 Zip
30 Broward Country

3. Date Incorporated or Qualified
08/06/1996

3a. Date of Last Report

4. FFI Number ☒ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Gerald D Feldman
82 Street Address (P.O. Box Number is Not Acceptable)
320 So. FLAMINGO Rd
83 Suite 117
84 City Pembroke Pines FL 85 Zip Code 33027

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 *[Signature]*
Signature of officer or principal of registered agent and title if applicable

GERALD D FELDMAN
(NOTE: Registered Agent signature required when reinstating)

DATE 4/1/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PSTD	FELDMAN, JACQUELINE	1151 SOUTHWEST 128 TERRACE, SUITE 405	PEMBROKE PINES FL 33027	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP

14. I do 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.

CR2E034 (9/96)