## 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

## FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90024 043 \*\*\*158.75

	$\Box$
DUCUNENI#	P96000066984

1. Corporation	Name					
J.R.S.V,	INC.			= ===		
Principal Place		Mailing Address				
3211 N.W. 94TH FT. LAUDERDA		3211 N.W. 94TH TERRACE FT. LAUDERDALE FL 33351				
FI. LAUDERDA	LE FL 33331	FI. LAUDENDALE FE 33331		DO NOT WRITE IN THI	S SPACE	
Ì				3. Date Incorporated or Qualifed		
·				08/13/1996		
2. Principal P	face of Business	2a. Mailing Address	1 00110	4. FEI Number	Applied Fo	
21	#	26 Suite, Apt. #, etc.	<u> 490113                                    </u>	65-0697680	\$8.75 Additions	
Suite, Apt.	#, etc.	27 (		5. Certifcate of Status Desired	Fee Required	"
City & Stat	e :	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28 Fort LAuder	dale: Fl	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year l		
24	25		30 U.S.A	Personal Property Tax.	Yes No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	a Agent	
ST. Y	VALLIERE, JEAN R					
	N.W. 94TH TERRACE		32 Street Add	ress (P.O. Box Number is Not Acceptable)		1
FT.	Lauderdale fl 33351		83			
			84 City	F	85 Zip Code	
11. Pursuant	to the provisions of Sections 607,0502	and 697-1508, Florida Statute	a_the_above-named_corp	poration, submits, this statement for the purpose	of changing its register	ed
				the based of discretions   Karabar appoint the opposit		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligati	r Florida. Such change was au ons of, Section 607.0505, Flori	ithorized by the corporati ida Statutes.	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as registered	م منوت
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Fion	oa Statutes.	·	ointment as registered	
agent. I a	rn familiar with, and accept the obligati	and title if applicable. (NOTE:	Registered Agent signature require	ad when reinstatting) DATE		
agent. I a SIGNATURE 12.	rn familiar with, and accept the obligation of the state	and title if applicable. (NOTE:	oa Statutes.	·	AND DIRECTORS IN 1	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS



Daytime Phone #