SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT P96000068287 (7)

JADE & PEARL, INC.

Principal Place of Business

P.O. BOX 1106 HAWTHORNE FL 32640 Mailing Address

P.O. BOX 1106 HAWTHORNE FL 32640

FILED Aug 11 1998 8:00am Secretary of State



			DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified 08/14/1996	
2. Principal P	lace of Business 2a. Mailing Andress	0 (4. FEI Number	Applied For
21 6 5	D. W. Lake D. 26 P.O. BOX	1106	59-3398622	Not Applicable
Suite, Apt. #, etc. 22 Nawthorse 27 Nawthe		5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State 23 Slave 28 Slave 28 Slave		Li	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
21 38640 25 U.SA 29 33640 3		Country 0 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
STA	RITA, GLORIA E	B1 Name		
152	W. LAKE DRIVE	82 Street Address (P.O. Box Number is Not Acceptable) 83		
INTE	RLACHEN FL 32148			
		84 City	FL ⁸	5 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	Signature, typed or printed name of registered agant and tille if applicable. (NOTE	: Registered Agent signature requi	red when reinstating) DATE	
12.			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1,1 TITLE		Change Addition
NAME	STARITA, GLORIA	1.2 NAME	_	
STREET ADDRESS	152 W. LAKE DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL 32148	1.4 CITY-ST-ZIP	<u></u>	
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		1
STREET ADDRESS		2.3 STREET ADDRESS	•	}
CITY-ST-ZIP		2.4 CITY-ST-ZIP	·	
TITLE	DELETE	3 1 TITLE		Change Addition
NAME		3 2 NAME		ĺ
STREET ADDRESS		3 3 STREET ADDRESS		Ì
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		Change 🔲 Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		1
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		}
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE	800002615 3 8	Change Addition
NAME		6.2 NAME	-08/13/9801091 0 10	P 1011
STREET ADDRESS		6.3 STREET ADDRESS		' / d '''
CITY ST-ZIP		6.4 CITY-ST-ZIP	***150.00	0

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.

SIGNATURE:

SIGNATURE:

SIGNATURE:

Sie or Mordam,

I guit seturnele from

the North and thie I

was in my mulbor.

This is to enform your I that I did not receive the first patrice for the feling fee. Whomes I spoke to at your office tall me to write a note and enclose I 150.00, as many people did not receive their forms or packets. Thank your

almentante

(Z)

anu-18423217