**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #96000069894

1. Corporation Name

JEFF WEBMAN, INC.

## FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90089 046 \*\*\*150.00



Principal Place of Business Mailing Address SANTONA ST 6625 SANTONA ST **CORAL GABLES FL 33146** TORREL GABLES FL 33146 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/22/1996 4. FEI Numbe Applied For 2a. Mailing Address 2. Principal Place of Business APPLIED FOR *59-3531361* 360 GOLF BROOK CIRCLE Not Applicable 360 GOLF BROOK CIRCLE 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required APT. 104 104 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees LONGW<u>OOD</u> LONGWOOD Trust Fund Contribution 28 Country Zip Country Zip 8. This corporation owes the current year Intangible 30 SOMINOLE SOMINOLE Personal Property Tax. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WEBMAN, JEFF 82 Street Address (P.O. Box Number is Not Acceptable) 360 GOLF BROOK CIRCLE #104 LONGWOOD FL 32779 83 Zip Code 84 City 1. 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition ☐ Change DELETE 1.1 TITLE TITLE WÉBMAN, JEFF 12 NAME STREET ADDRIGATION GOLFBROOK CIRCLE #104 1.3 STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 1.4 CITY-ST-ZIP ☐ Addition Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4, CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIE CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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)(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.

SIGNATURE:

CITY-ST-ZIP

ian JEFF WEBMAN

CR2E034 (11/98)