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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mgrtham 🔒 **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name P96000088649 (4)

FILED Apr 30 1998 8:00am

JASCA	N CONSTRUCTION, INC.			
Principal Place of Business Mailing Address				
6500 NW 15TH AVE 6500 NW 15TH AVE				
100				DO HOT WOITE IN TURA ADJOIT
FT. LAUDERDALE FL 33309		FT. LAUDERDALE FL 33309		DO NOT WRITE IN THIS SPACE
US		U\$		3. Date Incorporated or Qualified 10/25/1996
		2a. Mailing Address		4. FEI Number Applied For
21		26		65-0764971 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28	T	Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 25 Name and Address of Currer	nt Registered Agent	[30]	Personal Properly Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	*****	ii negistereu Agent	81 Name	
Rational Appugliesi Street Address (S.C. Real Methods (S.C. Real Methods)				
62 Street Apples				ddress (P.O. Box Number is Not Acceptable) 500 NW 15th Avenue Suite 100
780 EL DIOTARIO DEVOLOTE. 100				JOO NW TILL AVEILUE Suite 100
THE BOOK NOW, INC. THE 1888			83	
			84 City	t Lauderdale FL 85 Zip Code 33309
			F	
11. Pursuant to the provisions of Scclions 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 maligations of, Section 607.0505, Florida Statutes.				
SIGNATURE Signature, typed or printed name of registered agent and trie if applicable. (NOTE Registered Agent's gnature required when reinstating) DATE 1.3 ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12				
	Significal, typed or printed name of registrated agr	ent and title if applicable (NO	TE Registered Agent's gnature n	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	Change Addition
TITLE	APPUGLIESI, FAB	, J DELETE	1.2 NAME	
NAME	70 NORTH CAMPAGE DRIVE			6500 NW 15th Ave Suite100
STREET ADDRESS	PT: LAUDERDALE FL 33308		1.3 STREET ADDITESS	Ft Lauderdale Fl 33309
CITY-ST-ZIP	TI. DAUDENDALL IL 00000	DELETE	1.4 CHY-ST-ZIP 21 THLE	Change Addition
TITLE		C offer	1	Change C Addition
NAME	1		2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-ST-ZIP	Change Addition
TITLE			31 TITLE	Orienge Addition
NAME	1		3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	3.4. CITY- ST-ZIP	Change Addition
TITLE		□ DECEIE	4.1 TITLE	Ci citalige Cil Modition
NAME	1		4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		T necessor	4.4 CITY-ST-ZIP	Change Addition
TITLE		☐ DELETE	5.1 TITLE	Change C Adultor
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE	1	DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	

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.