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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000095972

1. Corporation Name
JARCO CONSULTING SERVICES, INC.



Principal Place of Business 1360 S OCEAN BLVD STE 807 POMPANO BCH FL 33062-7155 US	Mailing Address 1360 S OCEAN BLVD STE 807 POMPANO BCH FL 33062-7155 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/20/1996

2. Principal Place of Business 21 1149 Hillsboro Mile Suite, Apt. #, etc. 22 312 N City & State 23 Hillsboro Beach, FL Zip 24 33062-1724	2a. Mailing Address 26 1149 Hillsboro Mile Suite, Apt. #, etc. 27 312 N City & State 28 Hillsboro Beach, FL Zip 29 33062-1724
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4. FEI Number
65-0708123

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

CIOE, EILEEN
1360 S OCEAN BLVD
STE 807
POMPANO BCH FL 33062

10. Name and Address of New Registered Agent

81 Name Cioe, Eileen	82 Street Address (P.O. Box Number is Not Acceptable) 1149 Hillsboro Mile
83 Suite 312 N	84 City Hillsboro Beach FL
	85 Zip Code 33062-1724

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 Eileen Cioe President (NOTE: Registered Agent signature required when reinstating) DATE 2/18/99

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME CIOE, EILEEN	
STREET ADDRESS 6461 N.W. 2ND AVENUE, SUITE 406	
CITY-ST-ZIP BOCA RATON FL 33487	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS 1149 Hillsboro Mile - Suite 312N	
1.4 CITY-ST-ZIP Hillsboro Beach, FL 33062-1724	

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: Eileen Cioe DATE 2/18/99 DAYTIME PHONE # 861.957.9602

CR2E034 (1/98)