

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90121 006 ***150.00

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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1996

4. FEI Number

65-0708123

Applied For

Not Applicable

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

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

Country

25 Barward

2a. Mailing Address

26 1149 Hillsboro Mile

Suite, Apt. #, etc.

27 312 N

City & State

28 Hillsboro Beach, FL

Zip

29 33062-1724

Country

30 Barward

9. Name and Address of Current Registered Agent

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

Address change only

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 2/18/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME CIOE, EILEEN
STREET ADDRESS 6461 N.W. 2ND AVENUE, SUITE 406
CITY-ST-ZIP BOCA RATON FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1149 Hillsboro Mile - Suite 312 N
1.4 CITY-ST-ZIP Hillsboro Beach, FL 33062-1724

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eileen Cioe

Date

2/18/99

Daytime Phone #

861.957.9602

CR2E034 (1/1/98)