05-03-1999 90021 028 ***150.00

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

.. PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

1999 DOCUMENT # P97000002510

1. Corporation Name

JAF INVESTMENT #407, INC.

Principal Place of Business

2. Principal Place of Business

1701 S.W. 12TH AVENUE **BOCA RATON FL 33486**

Suite, Apt. #, etc.

City & State

Zip

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1701 S.W. 12TH AVENUE **BOCA RATON FL 33486**

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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	BONOT WITH IN THE STREET						
	3. Date Incorporated or Qualifed						
	01/06/1997						
	4. FEI Number	Applied For					
	58-2278606		Not Applicable				
	5. Certificate of Status Desired		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees				
	Election Campaign Financing Trust Fund Contribution						
	8. This corporation owes the curre	ent year	Intangible				

JEFERI, ALI M 1701 S.W. 12TH AVENUE **BOCA RATON FL 33486**

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Country

Name and Address of Current Registered Agent

	10. Name and Address of New Registered Agent								
81	Name								
82	Street Address (P.O. Box Number is Not Acceptable)								
83									
84	City FL 85 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.

Country

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SIGNATURE Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	PTD	DELETE	1.1 TITLE		IN P	<u> </u>	Change	☐ Addition				
NAME	YOUSUF, NORMAN		1.2 NAME		iad De	mu 3346	-C.	1				
STREET ADDRESS	710 SOUTH REDERAL HWY		1.3 STREET ADDRESS	BLLA RATH		274/	16]				
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		1.4 C/TY-ST-ZIP	OLCA OLATA	7/-	3370						
TITLE	VSD	DELETE	2.1 TITLE				Change	Addition				
NAME	YAQOOB, MOHAMMAD S		2.2 NAME					Ì				
STREET ADDRESS	710 SOUTH FEDERAL HWY		2.3 STREET ADDRESS									
CITY-ST-ZIP	DEERFIELD BEACH FL 93441		2. 4 CITY-ST-ZIP									
TITLE		DELETE	3.1 TITLE				Change	☐ Addition				
NAME			3.2 NAME					ļ				
STREET ADDRESS			3.3 STREET ADDRESS					1				
CITY-ST-ZIP			3.4. CITY-ST-ZIP									
TILE		□.DELETE	4.1 TITLE				☐ Change	☐ Addition \				
NAME			4. 2 NAME					+				
STREET ADDRESS			4.3 STREET ADDRESS					}				
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			 	<u> </u>					
TITLE		☐ DELETE	6.1 TITLE		•		Change	☐ Addition				
NAME	•	•	6.2 NAME									
STREET ADDRESS			6.3 STREET ADDRESS									
CITY-ST-ZIP		· •	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.