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## 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

| DOCUMENT #  1. Corporation Name | P97000002837 |
|---------------------------------|--------------|
| JRS CONSULTING, IN              | IC.          |

Principal Place of Business

Mailing Address

|--|

## 12720 NW 20TH COURT 12720 NW 20TH COURT CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/10/1997 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 26 65-0744820 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country Zio Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SILVER, ROBERT P Street Address (P.O. Box Number is Not Acceptable) 12720 NW 20TH COURT CORAL SPRINGS FL 33071 83 Zip Code 84 City 85

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 a     | m familiar with, and accept the obligations of, Section 60-                   | 7.0505, Florida | a Statutes.                 |                          |   |             |            |
|----------------|---|-----------------|-----------------------------|--------------------------|---|-------------|------------|
| SIGNATURE      | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Re       | gistered Agent signature re | quired when reinstating) | DATE                                    | <del></del> |            |
| 12.            | OFFICERS AND DIRECTORS  |                 | 13.                         | ADDITIONS/CHA            | NGES TO OFFICERS AN                     | ID DIRECTOR | RS IN 12   |
| TITLE          | PD  | DELETE          | 1.1 TITLE                   |                          |   | ☐ Change    | ☐ Addition |
| NAME           | SILVER, ROBERT P  |                 | 1.2 NAME                    |                          |   |             |            |
| STREET ADDRESS | 12720 NW 20TH COURT   |                 | 1.3 STREET ADDRESS          |                          |   |             |            |
| CITY-ST-ZIP    | CORAL SPRINGS FL 33071  |                 | 14 CITY-ST-ZIP              |                          |   |             |            |
| TITLE          |   | DELETE          | 2.1 TITLE                   |                          | <del>-i'</del> -                        | ☐ Change    | ☐ Addition |
| NAME           |   |                 | 2.2 NAME                    |                          |   |             |            |
| STREET ADDRESS |   |                 | 2.3 STREET ADDRESS          |                          |   |             | i          |
| CITY-ST-ZIP    |   |                 | 2. 4 CITY-ST-ZIP            |                          | / · · · · · · · · · · · · · · · · · · · |             |            |
| TITLE          |   | DELETE          | 31 TITLE                    |                          |   | Change      | ☐ Addition |
| NAME           |   |                 | 3.2 NAME                    |                          |   |             |            |
| STREET ADDRESS |   |                 | 33 STREET ADDRESS           |                          | . •                                     |             |            |
| CITY-ST-ZIP    |   |                 | 3.4. CITY-ST-ZIP            |                          |   |             |            |
| TITLE          |   | DELETE          | 4.1 TITLE                   |                          |   | ☐ Change    | ☐ Addition |
| NAME           |   |                 | 4.2 NAME                    |                          |   |             |            |
| STREET ADDRESS |   |                 | 4.3 STREET ADDRESS          |                          |   |             |            |
| CITY-ST-ZIP    |   |                 | 4.4 CITY-ST-ZIP             |                          | <u> </u>                                |             |            |
| TITLE          |   | DELETE          | 5.1 TITLE                   |                          |   | ☐ Change    | ☐ Addition |
| NAME           |   |                 | 52 NAME                     |                          |   |             |            |
| STREET ADDRESS |   |                 | 53 STREET ADDRESS           |                          |   |             |            |
| CITY-ST-ZIP    |   |                 | 5.4 CITY-ST-ZIP             |                          |   |             |            |
| 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             |                          |   |             |            |

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: