

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

FILED  
Jun 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000005461  
1. Corporation Name

ForJays of the Treasure Coast, Inc.

Principal Place of Business

Mailing Address

1944 SE Port St. Lucie Blvd.

Port St. Lucie, FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1/2/97

2. Principal Place of Business

21 4244 SE Commerce Ave

Suite, Apt. #, etc

22

City & State

23 Stuart, FL

Zip

24 34997

Country

25 USA

2a. Mailing Address

26 4244 SE Commerce Ave

Suite, Apt. #, etc.

27

City & State

28 Stuart, FL

Zip

29 34997

Country

30 USA

4. FEI Number

59-3429462

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 or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Janet P. Rizzolo

1944 SE Port St. Lucie Blvd.

Port St. Lucie, FL 34952

81 Name

Jaquelyn Howard

82 Street Address (P.O. Box Number is Not Acceptable)

4244 SE Commerce Avenue

83

84 City

Stuart

FL

85 Zip Code

34997

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

Jaquelyn Howard

Jaquelyn Howard

5/5/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Joel Howard	
13 STREET ADDRESS	5807 SE Avalon Drive	
14 CITY-ST-ZIP	Stuart, FL 34997	
21 TITLE	VP/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Jaquelyn Howard	
23 STREET ADDRESS	5807 SE Avalon Drive	
24 CITY-ST-ZIP	Stuart, FL 34997	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	000002543560	
54 CITY-ST-ZIP	-06/02/98--01019--042	
61 TITLE	***155.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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.

CR2E034 (10/97)