PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000015365** 1. Corporation Name

J.C. OUTLETS, INC.

Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90217 025 ***150.00



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Principal Place	e of Business	Ma	iling Address					# 1 00 011000110001100011		il 00iii 6919i	II aini n iida isiid	METAL METAL FRAN
Principal Place of Business 1210 STIRLING RD			3800 NORTH HILLS DR #108									
BAY 1 A & B			HOLLYWOOD FL 33021									
DANIA FL 33004								DC	NOT WRIT	E IN THIS	SPACE	
US								3. Date Incorporated of 02/14/1997	or Qualifed			
2. Principal Pi	lace of Business	2a.	Mailing Address				_	4. FEI Number			Ap	plied For
21 -	and the second s	26	•					65-0735107	•		No	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certifcate of Status	Desired		\$8.75	
22	*	27						5. Certificate of Status	Desired			equired
City & State	le .		City & State					6. Election Campaign	Financing		\$5.00	
23		28						Trust Fund Contribu			Added 1	to Fees
Zip	Country	<u> </u>	Zip	l	untry			8. This corporation ow		ent year Int		
24	25	29		30	_			Personal Property			Yes	□No ·
	9. Name and Address of Curre	nt Regist	tered Agent		81	Nam		10. Name and Addres	S OT NEW H	egisterea	Agent	
CAS	CIOLA, JO ELLEN				"	Nam	е					
	NORTH HILLS DR #108				82	Stree	t Addres	ss (P.O. Box Number is f	Not Accepta	ble)		
	LYWOOD FL 33021.				83					,		
1101	E11100D1E 000E1				83							1
					84	City				FL	85 Zip	Code
44 - Dominant	to the provisions of Sections 607.056	02 and 60	7 1509 Elorida Stat	utee the	above		d comor	ration submits this statem	ent for the	ournose of	changing its	registered
office or t	registered agent, or both, in the State	e of Florid	a. Such change was	authorize	ed by	the cor	poration	's board of directors. I he	ereby accep	t the appoi	ntment as re	gistered
	m familiar with, and accept the obliga	ations of	Section 607.0505, F	Ionda Sta	ıtutes.							1
agent. i a	PAA ()	- n	`	101100 010							,	1
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

4/26/99 (94) 921 - 1999
Davtine Phone #