

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90140 036 ***163.75

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DOCUMENT # P97000017570

1. Corporation Name
JOB 1, INC.

Principal Place of Business
5812 SW 26TH ST
HOLLYWOOD FL 33023

Mailing Address
5812 SW 26TH ST
HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/24/1997

4. FEI Number
65-0732043

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, DAVID
5417 SW 23RD ST
HOLLYWOOD FL 33023

81 Name **E.B. Rolle**
82 Street Address (P.O. Box Number is Not Acceptable)
5417 SW 23RD STREET
83
84 City **HOLLYWOOD** FL 85 Zip Code **33023**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, JOSE O	
STREET ADDRESS	2636 OLEANDER DR	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	VPC	<input checked="" type="checkbox"/> DELETE
NAME	ROLLE, LAFAYETTE S	
STREET ADDRESS	5417 SW 26TH ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, MARIA J	
STREET ADDRESS	2636 OLEANDER DRIVE	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	ROLLE, E B	
STREET ADDRESS	5417 SW 23RD ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	E.B. Rolle	
1.3 STREET ADDRESS	5417 SW 23RD STREET	
1.4 CITY-ST-ZIP	HOLLYWOOD, Florida 33023	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DANNY Rolle	
2.3 STREET ADDRESS	5417 SW 23RD ST	
2.4 CITY-ST-ZIP	HOLLYWOOD, Florida 33023	
3.1 TITLE	V.P. TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VIOLET FEAST Rolle	
3.3 STREET ADDRESS	5417 SW 23RD ST	
3.4 CITY-ST-ZIP	HOLLYWOOD FLA. 33023	
4.1 TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROSARIO G. Rolle	
4.3 STREET ADDRESS	5417 SW 23RD ST	
4.4 CITY-ST-ZIP	HOLLYWOOD FLA. 33023	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

4/28/99 (954) 981 6158
Date Daytime Phone #

CR2E034 (11/98)