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 # **P97000019577** 1. Corporation Name

JENNIFER TYLER, INC.

Mailing Address Principal Place of Business 1160 KANE CONCOURSE 1160 KANE CONCOURSE . . SUITE 305 BAY HARBOUR ISLAND FL 33154 BAY HARBOUR ISLAND FL 33154

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90070 002 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					02/26/1997					
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For				
21	26				65-0818614	Not Applicable				
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional				
22	27				5. Certificate of Status Desired	Fee Required				
City & State City & State					6. Election Campaign Financing	\$5.00 May Be				
23	. 28				Trust Fund Contribution	Added to Fees				
Zip	Country Zip C			y	8. This corporation owes the current year In					
24	25	29 30	<u> </u>		Personal Property Tax.	☐ Yes ☐ No				
	9. Name and Address of Curren	t Registered Agent		.1	10. Name and Address of New Registered	Agent				
TYLER, JENNIFER M 1160 KANE CONCOURSE SUITE 305				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)						
								i		
								BAY HARBOUR ISLAND FL 33154		
									FI.	_
11. Pursuant to the provisions of Sections 697.0502 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 Storature, board or printed name of registered applicable. (NOTE: Registered Agent signature required when reinstating)										
				ent signature req	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12				
12.		ID DIRECTORS	13.	1	ADDITIONS/GLANGES TO OFFICERS A	Change Addition				
TITLE	D Tyler, Jennifer M									
NAME !			12 NAME	1						
STREET ADDRESS	DAY HADDOUD ICLAND EL 00454			T ADDRESS						
CITY-ST-ZIP				ST-ZIP		☐ Change ☐ Addition				
TITLE			2.1 TITLE	-		☐ Onlinge ☐ Addition				
NAME			2.2 NAME	1						
STREET ADDRESS			2.3 STREE	TADDRESS						
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		Change[] Addition				
TITLE	· - -	~ □ DELETE · +~	3.1 TITLE		~ ·	☐ cusuña				
NAME			3.2 NAME							
STREET ADDRESS				ET ADORESS						
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		Change Cl Addition				
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition				
NAME			4. 2 NAME							
STREET ADDRESS	,		4.3 STREE	TADDRESS						
CITY-ST-ZIP			4.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	ET ADDRESS						
CITY-ST-ZIP			5.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition				
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	ET ADDRESS						
			6.4 CITY-	ST-ZIP		ì				

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: