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FILED
Jun 22 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 # **P97000028433 (5)**

1. Corporation Name
JAG SAFETY, INC.



Principal Place of Business
**9096 VILLA PORTOFINO CIRCLE
BOCA RATON FL 33496**

Mailing Address
**9096 VILLA PORTOFINO CIRCLE
BOCA RATON FL 33496**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 **10875 NWS2ST**
Suite, Apt. #, etc.
Suite 1

23 **Sunrise FL**
City & State

24 **33351** 25 **Broward**
Zip Country

2a. Mailing Address
26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

3. Date Incorporated or Qualified
03/28/1997

4. FEI Number
65-0738833 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

**FREDA, JESSANN
9096 VILLA PORTOFINO CIRCLE
BOCA RATON FL 33496**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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) of elected name of registered agent and, if applicable,

(PRINT) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **FREDA, JESSANN**
STREET ADDRESS **9096 VILLA PORTOFINO CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ 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)