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 # P9700034580

1. Corporation Name							
JAYCO INVESTMENTS, INC.							
) (201000) 118 (0111 (0211 0211) 0211 0211 0011 00110 01111 0	1881 BITEL (BLU BBIT 1881	
Principal Place of Business Mailing Address						HOU OITOT IBIIT BOTT IOB!	
7771 W. OAKLAND PARK BLVD. 7771 W. OAKLAND PARK BL							
SUITE 131 SUITE 131							
SUNRISE FL 33351 SUNRISE FL 33351				DO NOT WRITE IN THIS SPACE.			
1					3. Date Incorporated or Qualifed	ĺ	
Principal Place of Business 2a. Mailing Address					04/17/1997 4. FEI Number Applied For		
21 26						Applied For	
Suite, Apt. #, etc. Suite, Apt. #, etc.					APPLIED FOR	Not Applicable	
22						8.75 Additional Fee Required	
City & State City & State							
23	28			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country Zip Cour			у	8. This corporation owes the current year Intangib		
24	25	29 30			Personal Property Tax.		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agen	t	
0.77	MIRERO AROVI		8	1 Name			
STEINBERG, ABBY L				2 Street A	Address (P.O. Box Number is Not Acceptable)		
7771 W OAKLAND PK BLVD				Outdoor Products (1.10. Box Hullines 15 Not Acceptable)			
STE 131 SUNRISE FL 33351			83 公司 计设计 计设计 计设计 计设计 计设计 计设计 计设计 计设计 计设计 计设				
SUNNISE FE 33331			8	4 City		Zip Code	
					FL T	1	
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 objections of, Section 697,0505, Florida Statutes.							
agent. I am familiar with and avegot the objections of, Section 697,0505, Florida Statutes.					Alacka of disputations. Thereby accept the appointment	it as registered	
SIGNATURE	WAN DE TAKE	KUM ~ "	Deten	My	1109199		
			gistered Agent signalure required when reinstating)				
TITLE	D VITTOLIS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIF	Change Addition	
NAME	STEINBERG, ABBY		1.2 NAME	İ	Ç ÇÇ t	mange	
STREET ADDRESS	THE LATE OF A LICE OF THE PARTY			ET ADDRESS		1	
CITY-ST-ZIP	SUNRISE FL 33351	0011E 101	1.4 CITY-			1	
TITLE	D	☐ DELETE	2.1 TITLE	JI-ZIF	По	Change Addition	
NAME	STEINBERG, IRIS		2.2 NAME	-		,	
STREET ADDRESS	7771 W. OAKLAND PARK BLVD.	SUITE 131		T ADDRESS		Ì	
CITY-ST-ZIP	SUNRISE FL 33351	· - ·	2. 4 CiTY-		1	1	
TITLE	. D	☐ DELETE	3.1 TITLE			Change	
NAME .	SILVERSTEIN, HARVEY		3.2 NAME		_		
STREET ADDRESS	The state of the same manual property and the same same same same same same same sam		3.3 STREE	TADDRESS		5 5 8 8 F F F F	
CITY-ST-ZIP	SUNRISE FL 33351		3.4. CITY-	ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	hange Addition	
NAME	STEINBERG, MARTIN 4.2N		4, 2 NAME		•		
STREET ADDRESS	DRESS 7771 W. OAKLAND PARK BLVD. SUITE 131 43:		4.3 STREE	TADORESS			
CITY-ST-ZIP	SUNRISE FL 33351		4.4 CITY-5	ST-ZIP	· .		
TITLE		☐ DELETE	5.1 TITLE			hange Addition	
NAME			5.2 NAME				

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 paradicress, with all other, like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

GNA TURE AND TYPED OR PRINTED NAME DE SIGNING OFFICER OR DIRECTOR

☐ DELETE

1/29/99 Date

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90036 005 ***150.00

954-57Z-9U Daytime Phone #

☐ Change

☐ Addition

JRZE034 (11/98