

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00


FILED
Feb 11, 1999 8:00am
Secretary of State

02-11-1999 90008 033 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000040942
 1. Corporation Name
JASMINE SQUARE, INC.

Principal Place of Business: 6539 SE FEDERAL HWY, STUART FL 34997, US
 Mailing Address: 6539 SE FEDERAL HWY, STUART FL 34997, US

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 05/05/1997
 4. FEI Number: 65-0755381
 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

9. Name and Address of Current Registered Agent
MACKAY, DAVID L
2801 SOUTHWEST COLLEGE ROAD
SUITE 1
OCALA FL 34474

10. Name and Address of New Registered Agent (81-85)
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WHITLOCK, LINDA | |
| STREET ADDRESS | 6539 SOUTHEAST FEDERAL HIGHWAY | |
| CITY-ST-ZIP | STUART FL 34997 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FARINA, AL | |
| STREET ADDRESS | 6539 SOUTHEAST FEDERAL HIGHWAY | |
| CITY-ST-ZIP | STUART FL 34997 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TONA, CHARLES L | |
| STREET ADDRESS | 14481 SOUTHWEST 47TH COURT | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33330 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TONA, FRANK J | |
| STREET ADDRESS | 6240 S.W. SR 200 | |
| CITY-ST-ZIP | OCALA FL 34477 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FARINA, MIKE | |
| STREET ADDRESS | FIVE COLD HILL ROAD, SUITE 3 | |
| CITY-ST-ZIP | MENDHAM NJ 07945 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 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]* DATE: 1/25/99 561 283-5567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)