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

PROFIT **CORPORATION ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000041485 (8)

JACK PACETTI ENTERPRISES, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					801 11011 84801 1810) DIII 1881	
2760 US 1 SOUTH 2760 US 1 SOUTH ST. AUGUSTINE FL 3206 ST. AUGUSTINE FL 3206			086		DO NOT WRITE IN THIS	S SPACE
ĺ					3. Date Incorporated or Qualified	
					05/06/1997	
<u></u>	2. Principal Place of Business 2a. Mailing Address				4, FEI Number	Applied For
21 Suito An	A # oto	Suite, Apt. #, etc.			59-3499793	Not Applicable
27			- · · · · · · · · · ·	Certificate of Status Desired	\$8.75 Additional Fee Required	
City & St.	aio	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Count	гу	8. This corporation owes or has paid the co	
24	26 29 30		30		Personal Property Tax due June 30. Yes No	
	Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered	l Agent
PACETTI, R.J.			8	1 Name		
	760 US 1 SOUTH T. AUGUSTINE FL 32086		8	2 Street Addi	ress (P.O. Box Number is Not Acceptable)	
3	I. NUGUSTINE PL 32000		8	3		
			Ī	4 63		
					FI	85 Zip Code
I office of	nt to the provisions of Sections 607.0 r registered agent, or both, in the St am familiar with, and accept the ob	ite of Florida. Such change was	s authorized l	by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE	Signature typed or printed natur of registered		~			
12.		ND DIRECTORS	13.	gent signature requir	red when reinstating) DATE	ID DIDECTORS IN 40
TITLE			1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	R.J. Pacorii 2160 us 1 South St Augustin Fa	r, Q,	12 NAM			C crowdo
STREET ADDRESS	2760 us 1 South			ET ADDRESS		
City-St-Zip	St Augustin FC	3400	1.4 CiTY	1		
THLE		DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAMI			
STREET ADDRESS	s !			ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY	- ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAMI	:		
STREET ADORESS	s]		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3 4. CITY	- ST-ZIP		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM	E		
STREET ADDRESS	5		4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	ST - ZIP		
TITLE		DELETE	5 1 TITLE			Change Addition
NAME			5 2 NAME	.		
STREET ADDRESS	i		5 3 STREE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		DELETE	6.1 TIFLE			☐ Change ☐ Addition
NAME			6 2 NAME			
STREET ADDRESS	;		6.3 STREE	T ADDRESS		
City-St-7iP	1		64 City	ST_ 71P		

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 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 received 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 open practice of the control of the received 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 open practice.

SIGNATURE: