

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

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90003 042 \*\*\*150.00

DOCUMENT # P97000044833

1. Corporation Name

AMERICAN PROPERTIES REALTY CORPORATION  
NAME CHANGED TO JARS CORP.

Principal Place of Business

5901 NW 151ST STREET  
SUITE 120  
MIAMI LAKES FL 33014  
US

Mailing Address

P O BOX 4550  
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1997

4. FEI Number

65-0754978

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 the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 10 EDGEWATER DRIVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 10 EDGEWATER DRIVE  
Suite, Apt. #, etc.

22 #14E

27 #14E

City & State

City & State

23 COCONUT GROVE, FL.

28 COCONUT GROVE, FL.

Zip Country

Zip Country

24 33133

25

29 33133

30

9. Name and Address of Current Registered Agent

JOHNSTON, PATRICE M  
5901 NW 151ST STREET  
SUITE 120  
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name

WEITZER, TRUDY

82 Street Address (P.O. Box Number is Not Acceptable)

10 EDGEWATER DRIVE

83 #14E

84 City

COCONUT GROVE

FL

85 Zip Code  
33133

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

*Trudy Weitzer*

TRUDY WEITZER

4/2/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME WEITZER, HARRY  
STREET ADDRESS 5901 NW 151 ST STE 120  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE PD ☒ DELETE

NAME SPEIZER, HARRY  
STREET ADDRESS 5901 NW 151ST STREET #120  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE VTD ☒ DELETE

NAME KLEINERMAN, PETER  
STREET ADDRESS 5901 NW 151ST STREET #120  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE S ☒ DELETE

NAME JOHNSTON, PATRICE M  
STREET ADDRESS 5901 NW 151ST STREET #120  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVT ☒ Change ☐ Addition

1.2 NAME WEITZER, HARRY  
1.3 STREET ADDRESS 10 EDGEWATER DRIVE, #14E  
1.4 CITY-ST-ZIP COCONUT GROVE, FL 33133

2.1 TITLE DPS ☐ Change ☒ Addition

2.2 NAME WEITZER, TRUDY  
2.3 STREET ADDRESS 10 EDGEWATER DRIVE, #14E  
2.4 CITY-ST-ZIP COCONUT GROVE, FL 33133

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Trudy Weitzer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99

Date

305 669 8580

Daytime Phone #

CR2E034 (11/98)

0130862