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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Kathering Harris, Secretary of State

DIVISION OF CORPORATIONS

1999

Suite, Apt. #, etc.

City & State

21

22

23

24

DOCUMENT # \$970000 44871 J-BAR DESIGN CORPORATION

2a. Mailing Address

Suite, Apt. #, etc.

26

29

Mailing Address Principal Place of Business 7040 W. PALMETTO PARK Rd

Bidg + STE 464

BOCA RATON FI

Country

3. Date Incorporated or Qualifed 65-075

Applied For Not Applicable \$8.75 Additional

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5. Certifcate of Status Desired 27 City & State 6. Election Campaign Financing 28

30

Country

81

Trust Fund Contribution 8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

FILED Mar 11, 1999 8:00 am

Secretary of State

03-11-1999 90092 005 ***150.00

DO NOT WRITE IN THIS SPACE

\$5.00 May Be Added to Fees

85 Zip Code

9. Name and Address of Current Registered Agent Jestrey WASSARIAN

7000 W. PALMETTO PARK Rd. Bldg. 4 STE 464

25

BOCA RATON FI 33433

Name

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

Personal Property Tax.

83 84 City

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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 1.1 TITLE Change ☐ Addition PRESIDENT TITLE grey WASSERIAN 1.2 NAME NAME 7040 W. PALMETTO PX Rd. #4-464 13 STREET ADDRESS STREET ADDRESS. BOCA RATON F1 33433 14 CITY-ST-ZIP CITY-ST-ZIP Addition 2.1 TITLE Change TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 3.1 TITLE

3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS

4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 51 TITLE TITLE NAME

52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE: TED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Change

CR2E034 (11/98

Addition

Addition

Addition