## 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 # P9700046857

1. Corporation Name

THE JAG SHOP, INC.

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90001 045 \*\*\*150.00



Principal Place	e of Business	Mailing	Address				- *		I UUIKI UBIII (	F8060 01101 1010	
1150 S.W. 10TH	I AVE	1150 S.V	1150 S.W. 10TH AVE.								
SUITE 101E		SUITE 1	SUITE 101E								
POMPANO BEACH FL 33069		POMPAN	POMPANO BEACH FL 33069				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated	or Quained			
Principal D	lace of Business	n- Mai	ling Address	<del></del>			05/27/1997 4. FEI Number	<u> </u>			oplied For
	lace of business	2a. Mail	ing Address				65-0762263				ot Applicable
Suite, Apt.	# etc		e. Apt. #, etc.	<del></del>			03 0102203			<del></del>	Additional
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23		28					Trust Fund Contrib	_			to Fees
Zip	Country	Zip		Country	у		8. This corporation of	wes the curre	nt year Int	angible	
24	25	29		30			Personal Property	Tax.		Yes	□No
	9. Name and Address of Curre	ent Registered	d Agent				10. Name and Addre	ss of New R	egistered .	Agent	
MANA	INIE DAVAD			81	l Nam	е					
	ine, david I S.W. 10th ave.					et Addres	ress (P.O. Box Number is Not Acceptable)				
	E 101E		•								-
	PANO BEACH FL 33069			83	<b>'</b>						
· .				84	City				FL	85 Zip	Code
		/		I .	1		<del></del>			chonging its	registered
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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 officer or director of the corpor Block 12 or Block 13 if che

SIGNATURE:

Daytime Phone #