

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90004 033 ***150.00

DOCUMENT # **P97000051996**

1. Corporation Name

J.S. SALES INC.



Principal Place of Business

**3441 NW 47TH AVE.
COCONUT CREEK FL 33063**

Mailing Address

**3441 NW 47TH AVE.
COCONUT CREEK FL 33063**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1997

4. FEI Number

65-0759916

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. ☐ Yes ☐ No

2. Principal Place of Business

21 4301 Oak Circle

2a. Mailing Address

26 4301 Oak Circle

Suite, Apt. #, etc.

22 Suite # 2

Suite, Apt. #, etc.

27 Suite # 2

City & State

23 Boca Raton FL

City & State

28 Boca Raton

Zip

24 33431-4257

Country

25 USA

Zip

29 33431-4257

Country

30 USA

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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 **GRAFFEO, JOSEPH**

STREET ADDRESS **2255 GLADES RD.**

CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

8-10-99

954.418.0393

Date

Daytime Phone #

0027292

CR2E034 (5/99)

P47000051996
606000-90004-33



August 10, 1999

TO: Florida Department of State

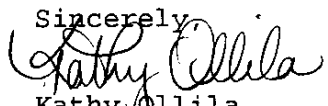
FROM: KATHY OLLILA / ACCOUNTING MANAGER

FAX #: 954-725-3375

PHONE: 954-418-0393

Enclosed please find our Check #2317 in the amount of \$150.00 which is the 1st filing fee amount. Per Elizabeth at your office, she advised me to pay the 1st filing fee of \$150.00 rather than the 2nd notice fee of \$500.00 with our explanation. Our explanation for paying late is due to the fact that we have moved. We had problems with our mail getting re-delivered to our new offices, actually NO mail was being re-delivered to our new office. We have received ONLY this 2nd notice, we have never received the 1st.

We apologize for any inconvenience this will cause you, and we thank you very much for allowing us to only pay the 1st notice amount of \$150.00. Thank you very much.

Sincerely,

Kathy Ollila
Accounting Manager