Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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 Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90005 007 ***150.00

DOCUMENT # P9700054624

1. Corporation Name

JIMMY, STAR ENTERPRISES, INC.

Country

Principal Place of Business 399 S.E. 18TH CT.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

7in

22

FT. LAUDERDALE FL 33316

Mailing Address 399 S.E. 18TH CT.

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

Trust Fund Contribution

6. Election Campaign Financing

8. This corporation owes the current year Intangible

06/20/1997

65-0762431

4. FEI Number

24	25	29	30			Personal Property Tax.	☐ Yes	XNo
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registe	red Agent	<u>, , , , , , , , , , , , , , , , , , , </u>
				81	Name			
	Wart, Bradley J III			92	Ctroot A	ddroop (D.O. Boy Number is Not Acceptable)		
399 S.E. 18TH CT.			82 Street Address (P.O. Box Number is Not Acceptable)					
FT. LAUDERDALE FL 33316				83				
••			İ					
				84	City		FL	Code
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Stat rn familiar with, and accept the obli	e of Florida. Such change	was authorized	bv t	-named c he corpor	corporation submits this statement for the purporation's board of directors. I hereby accept the a	e of changing its ippointment as re	s registered egistered
SIGNATURE						quired when reinstating) DA	·E	\
	Signature, typed or printed name of registered a		<u> </u>	Agent	signature rec	quired when reinstating) DA: ADDITIONS/CHANGES TO OFFICER		ORS IN 12
12.		AND DIRECTORS ☐ DELI	13.	16		ADDITIONAL OFFICE TO OFFICE IN	Change	
TITLE	D CTEMARY ROADLEV LIII		1.2 NA		1			_
NAME	STEWART, BRADLEY J III							Ì
STREET ADDRESS	399 S.E. 18TH CT.				ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	☐ DELI		TY-ST	ZIP		☐ Change	Addition
TITLE		L. DELI	1					
NAME			2.2 NA					
STREET ADDRESS			2.3 \$T	REET.	ADDRESS	,		
CITY-ST-ZIP			2. 4 CI		-ZIP		Change	Addition
TITLE		☐ DELI	ETE 3.1 Ti1	LE	İ		☐ Change	Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET	ADDRESS			1
CiTY-ST-ZIP			3.4. CI	TY-SI	-ZIP			
TITLE		☐ DELI	ETE 4.1 TT	LΕ			☐ Change	Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 ST	REET	ADDRESS	•		<u> </u>
CITY-ST-ZIP			4.4 CF	TY-ST	-ZIP		•	
TITLE		☐ DEL	ETE 5.1 TR	ΠE			☐ Change	☐ Addition
NAME			5.2 NA	ME		•		
STREET ADDRESS	1		. 5.3 ST	REET	ADDRESS	•		
CITY-ST-ZIP			, 5.4 CI	TY-ST	-ZIP		·	
TITLE		☐ DEU	ETE 61π	Π£			☐ Change	☐ Addition
NAME •			6.2 NA	ME			_	
STREET ADDRESS			6.3 ST	REET	ADDRESS			
			64 CF	TY-ST	-ZIP	•		ĺ
CITY-ST-ZIP	l	with this fiting does not gu				in Section 119 07(3)(i). Florida Statutes, I furthe	er certify that the	information

Country

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(9, 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

ATORE AND TOPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Bradley JStewart I

2/18/99

(954) 525-4324 Daytime Phone # :K2E034 (11/98)