


FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90012 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000060070 1. Corporation Name Jersey & Jersey Inc					
Principal Place of Business 1300 S. Dixie Hwy W. Pompano Bch. Fl.			Mailing Address 531 N. Ocean Blvd. #1004 Pompano Bch. Fl. 33062		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
3. Date Incorporated or Qualified 7-10-97			4. FEI Number 65-0775709		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			5. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
6. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9. Name and Address of Current Registered Agent Chris Carlson 320 S. Surf Rd Apt 701 Hollywood, Fl. 33019			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 Samuel Beale DATE 4-14-98					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE Chris Carlson Pres. NAME STREET ADDRESS 320 S. Surf Rd # 701 CITY-ST-ZIP Hollywood, Fl. 33019			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE Michael Raszk NAME STREET ADDRESS 1301 S. Dixie Hwy E CITY-ST-ZIP Pompano Bch. Fl. 33062			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE Sec. NAME Samuel Beale STREET ADDRESS 531 N. AID #1004 CITY-ST-ZIP Pompano Bch. Fl. 33062			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 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: Samuel Beale **SAMUEL BEALE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-97 **954 785-1658**

Date Daytime Phone #

CR2E034 (1/198)