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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000063459 (6)

JEAN A	and Jenny's Venture	E, INCORPORATED			
Principal Place of Business Mailing Address					4 TODITOOL LEE TRIEF TODIT DOITH BOST BOST DOITH DISEL
9771 NW 41ST ST 9771 NW 41ST ST					
MIAMI FL 33178 MIAMI FL 33178					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					07/18/1997
2. Principal Place of Business		2a. Mailing Ad	2a. Mailing Address		4. FEI Number
Suite, Apt. #, etc.		26			
22		27 Suite, Api.	Suite, Apt. #, etc.		5. Certificate of Status Desired
City & Stat	le	City & State	<del></del>	····	6. Election Campaign Financing \$5.00 May Be
23		28	28		Trust Fund Contribution Added to Fees
Zip	Country Zip		Cou	ntry	8. This corporation owes or has paid the current year Intangible
24	26	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Cu	rrent Registered Agent		mal	10. Name and Address of New Registered Agent
	VKER, JEAN			81 Name	
	537 NW 55TH TER		82 Street Ac		Address (P.O. Box Number is Not Acceptable)
MI	AMI FL 33178-2693			83	
				•3	
				84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607	0502 and 607 1508. Flo	rida Statutes, the at	ove-pamed	
office or r	registered agent, or both, in the S	State of Florida. Such cha	ingo was authorized	by the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	im tamiliar with, and accept the c	onigations of, Section 60	7.0505, Fiorida Stati	utes.	
SIGNATURE	Signature, typed or printed name of regislare	ed agent and title if applicable	(NOTE Registered	Agent signature	e required when reinstating) DATE
12.		AND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			DELETE 1.1 TIT	TE .	P, S, T, D Change Addition
NAME			1.2 NA	ME	JEAN BAKER
STREET ADDRESS			1.3 ST	reet address	10537 NW SUTATER
CITY-ST-ZIP		- 14		TY-ST-ZIP	10537 NW STATER MIAME, FL 33178-2693
TITLE			DELETE 2.1 THT	LE	☐ Change ☐ Addition
NAME			2.2 NA	ME	
STREET ADDRESS			2.3 ST	REET ADDRESS	
CITY-ST-ZIP				TY-ST-ZIP	
TITLE NAME		(	DELETE 3.1 TOT		☐ Change ☐ Addition
STREET ADDRESS			3.2 NA		
CITY-ST-ZIP				REET ADDRESS	
TITLE		Пі	DELETE 4.1 Tot	TY-ST-ZIP	Change Addition
NAME		щ.	4.2 N		Change Auditori
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP				Y-ST-ZIP	
TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE 5.1 TIT		Change Addition
NAME			52 NA	ME	
STREET ADDRESS			5.3 STI	REET ADDRESS	
CITY-ST-ZIP				Y-ST-ZIP	
TITLE			DELETE 6.1 TIT		Change Addition
NAME			6.2 NA	ME	
STREET ADDRESS			6.3 ST	reet address	
, CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	
	certify that the information opplied	ed with this filing does no	t qualify for the exe	mption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report of copplemental 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 chapted, or on an attachment with an address.

**FILED** 

Apr 14 1998 8:00am

Secretary of State