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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # POZOCOCEZEGE

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

03-04-1999 90170 030 ***150.00

1. Corporatio JACOB	& RACHEL, INC.	0001000			
Principal Place	e of Business	Mailing Address			210 BILLI (8818 BILLE BILLE BILLI BILLI BOL
3701 OTTAWA LANE 3701 OTTAWA LANE		3701 OTTAWA LANE			
COOPER CITY FL 33026 COOPER CITY FL 33026					
				DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed 08/05/1997	
2. Principal Place of Business 2a. Mailing Ad		2a. Mailing Address		4. FEI Number	Applied For
21 26		26		65-0781177	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		G. COMMON OF COMMON DOSING	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible 🗸
24	25		30	Personal Property Tax.	Yes XNo
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registere	ed Agent
стр	ALIS ADMOLD M ESO		81 Name	•	ļ
STRAUS, ARNOLD M ESQ.			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
10081 PINES BLVD. SUITE C					
			83		
PEM	Broke Pines FL 33024		84 City		85 Zip Code
				F	L -
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was au	thorized by the corporati	ion's board of directors. I hereby accept the app	pointment as registered
agent. I a SIGNATURE	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statutes.		
agent. I a	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Flori	Ida Statutes. Registered Agent signature requin		
agent. I a SIGNATURE 12.	m familiar with, and accept the obligation of registered age OFFICERS AN	ations of, Section 607.0505, Flori	ida Statutes.	ed when reinstating) DATE	
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AND	ations of, Section 607.0505, Flori ant and title if applicable. (NOTE. ND DIRECTORS	Registered Agent signature require 13. 1.1 TIFLE	ed when reinstating) DATE	AND DIRECTORS IN 12
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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 on an attachment with an address, with pll other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: