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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000069877

JENNIFER & COMPANY, INC.

FILED Feb 15, 1999 8:00 am Secretary of State

02-15-1999 90026 005 ***150.00



Principal Place	of Business	Mailing Address							
2110 MARINER BLVD.		2110 MARINER BLVD.							
SPRING HILL FL 34609		SPRING HILL FL 34609				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	<u>-</u>		
						08/12/1997		<u> </u>	
2. Principal Pla	ace of Business	2a. Mailing Address	 3			4. FEI Number		1	lied For
¬ '		26	=			59-3464090			Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, et	c.			5. Certifcate of Status Desired		\$8.75 A	
22		27					<u>.</u>	\$5.00	<u> </u>
City & State		City & State				Election Campaign Financing Trust Fund Contribution		Added to	•
23		28		nuntra:		This corporation owes the current	ent vear Inta		<u> </u>
Zip	Country	Zip		ountry		Resonal Property Tax.	ora your made	Ma Yes ∣	∐No
24	25	29	30			10. Name and Address of New R	tegistered /		
	9. Name and Address of Curren	nt Kegisterea Agent		81	Name			<u> </u>	
COD	PORATION SERVICE COMPANY	•			<u> </u>	ess (P.O. Box Number is Not Accepta	able)		
1201	HAYS STREET			82	Street Addr	ess (P.O. Box Number is Not Accepte	ionoj mang <u>antit</u> ina		
	AHASSEE FL 32301-2525			83					問題問
INCL	A MOOCE I'E GEST ESE				-2.	2 - \$2	160 - 216 4 1 1 1 	* 85 Zip C	ode
				84	City	poration submits this statement for the on's board of directors. I hereby acce	FL	. -	
			05, Florida St				DATE		_
	Signature, typed or printed name of registered age	ent and title if applicable. ND DIRECTORS		ired Agen		ad when reinstating)	DATE FICERS AN	ID DIRECTO	RS IN 12
12.	OFFICERS AT	ent and title if applicable. ND DIRECTORS DEL	(NOTE: Register	ired Agen		ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12
	Signature, typed or printed name of registered age OFFICERS AT PS SCARPATI, JENNIFER	ND DIRECTORS	(NOTE: Register 1:	3.		ADDITIONS/CHANGES TO OF		ID DIRECTO	RS IN 12
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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)

6.4 CITY-ST-ZIP

SIGNATURE: X SIGNATURE