

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

DOCUMENT # P97000074359

1. Corporation Name

LOW COST JACKHAMMERS INTL. INC.

Principal Place of Business

**1617 NORTH FLAGLER DRIVE
SUITE 104
WEST PALM BEACH FL 33407**

Mailing Address

**1617 NORTH FLAGLER DRIVE
SUITE 104
WEST PALM BEACH FL 33407**

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

04-30-1999 90197 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1997

4. FEI Number

65-0829461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

1717 N Flagler Dr

2a. Mailing Address

P.O. Box 2618

Suite, Apt. #, etc.

STE 2

Suite, Apt. #, etc.

City & State

W Palm Beach FL

City & State

Palm Beach FL

Zip

33407 **US**

Zip

33480 **US**

9. Name and Address of Current Registered Agent

**VANSCHPEN, BRENDA DEE
1617 NORTH FLAGLER DRIVE
SUITE 104
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

81 Name

1717 N. Flagler Dr

STE 2

W Palm Beach

FL

Zip Code

33407

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **O**
STREET ADDRESS **VANSCHPEN, BRENDA D**
CITY-ST-ZIP **11735 150TH CT N
JUPITER FL 33478**

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **MEGY, HECTOR C**
CITY-ST-ZIP **1617 N FLAGLER DR
W PALM BEACH FL 33407**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **1717 N Flagler Dr**
2.4 CITY-ST-ZIP **W Palm Beach FL 33407**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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: **Brenda D. Vanschpen** **Brenda D. Vanschpen** **4/26/99** **(561) 833-3945**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)