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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** May 04, 1999 8:00 am Secretary of State 05-04-1999 90092 005 ***150.00

1999

DOCUMENT # P9700076069 1. Corporation Name JASFAR, INC.

Principal Place of Business

11463 SAINTS RD

Mailing Address

11463 SIANTS RD

US US 3. Date Incorporated or Qualifed 09/03/1997 2. Principal Place of Business 4. FEI Number		
		}
2. Filicipal Flace of Business	Ap	plied For
212375-303 ST. JOKNS BUFF 26 2375-303 ST. JOKNS Bluff 59-3465911	No	t Applicable
Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired	T	Additional ===
22 27	Fee Re	quired
	\$5.00	
City & State Country Trust Fund Contribution State City & State Cit	Added t	o Fees
Zip Country USA Zip Country USA 8. This corporation owes the current year in 24 32246 25 DUVAL 29 32246 30 DUVAL Personal Property Tax.		Na
24 SE E		No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered 81 Name	u Agent	
MADKIS D		
82 Street Address (P.O. Box Number is Not Acceptable)		
149 PATRICK MILL CIR PONTE VEDRA FL 32082	<u></u>	
FOINTE VEDITIA FE 32002		
84 City PUNTS VISDRA F	85 Zip C	Code
		1082
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 appearance of the purpose of the pu	or cnanging its pointment as re	registered gistered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE		
Signature, typed derinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	AND DIRECTO	PS IN 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A	AIRD DIVEGIO	
	Change	
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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 of 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 changes or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

TIGNATURE TO SERVICE OF DIRECTOR DIRECTOR