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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000081196 (2) DOCUMENT

JAY CINN SERVICES, INC.

FILED May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1009 CHERRY LN 1009 CHERRY LN WELLINGTON FL 33414 WELLINGTON FL 33414 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/18/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 45-08/7959 Not Applicable 21 26 Suite, Apt. #, etc. Surte, Apt. #, etc. \$8.75 Addition 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes **□**N₀ 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WARTELL, HARVEY 1009 CHERRY LN Street Address (P.O. Box Number is Not Acceptable) **B2 WELLINGTON FL 33414** 83 84 City 85 Zip Code 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 proted name of registered agent and trie if applicable (NOTC Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TIBE TITLE **CHARNEY, RENEA** NAME 1.2 NAME 1009 CHERRY LN STREET ADDRESS 1.3 STREET ADDRESS WELLINGTON FL 33414 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME 2.3 STREET ADORESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ennual 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 13 if changed, or on an attachment with an address.

sey Wastell HARVEY WARTELL