

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000082125 (0)

1. Corporation Name

JOCAR SOUTH, INC.



Principal Place of Business

2139 UNIVERSITY DRIVE STE. 162  
CORAL SPRINGS FL 33071

Mailing Address

2139 UNIVERSITY DRIVE STE. 162  
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

65-0784385

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 11678 N.W. 20th Dr.

2a. Mailing Address

26 2139 University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Coral Springs, FL

27 Suite 162

City & State

28 Coral Springs, FL

Zip

Country

Zip

Country

24 33071

25

29 33071

30

9. Name and Address of Current Registered Agent

GREENE, MICHAEL E  
800 CORPORATE DRIVE  
SUITE 802  
FORT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name Greene, Michael E.

82 Street Address (P.O. Box Number is Not Acceptable)

9900 W. Sample Rd. #324

83

Coral Springs

84 City

FL

85 Zip Code

33065

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, type or print name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE Kathleen M. Rodriguez ☐ DELETE

NAME President

STREET ADDRESS 11678 N.W. 20th Dr.

CITY-ST-ZIP Coral Springs, FL 33071

TITLE Sec. Treas. ☐ DELETE

NAME William Rodriguez

STREET ADDRESS 11678 N.W. 20th Dr.

CITY-ST-ZIP Coral Springs, FL 33071

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

2.4 CITY-ST-ZIP

3.1 TITLE ☐

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐

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 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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Kathleen M. Rodriguez

Date

11/15/98 (001)

CR2E034 (10/97)