## 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 #**

1. Corporation Name

JARD CORPORATION

<b>J</b> .	700008	134

FILED
Apr 22, 1999 8:00 am
Secretary of State
<b>V</b>

04-22-1999 90233 036 \*\*\*150.00



Principal Place	of Business	Mailing Address					
784 US HWY 1		784 US HWY 1					
SUITE 16 SUITE 16 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 3340				40e		DO NOT WRITE IN THIS SPACE	
NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 US US			33400	.U6		3. Date incorporated or Qualified	
		,				09/25/1997	
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applie	For
_		26				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	plicable
Suite, Apt. i	#. etc.	Suite, Apt. #, etc.	_		<del>-</del>	\$8.75 Addi	tional
22	•	27				5. Certificate of Status Desired Fee Require	ed
City & State	e	- City & State	, , , , , , , , , , , , , , , , , , ,	-		6. Election Campaign Financing \$5.00 Mar	Be
23		28				Trust Fund Contribution Added to Fe	es
Zip			-	8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.	10
	9. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New Registered Agent	<b></b> ∤
LAVE	DO ANDDOW U			81	Name		
	RS, ANDREW H		ł	82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
	US HWY 1						
	TE 16 TTH PALM BEACH FL 33408			83		,	l
INON	IIII FALM DEACH PL 33400	•		84	City	<b>■ 85</b> Zip Cod	9
						FL   S   S   S   S   S   S   S   S   S	
office or re	egistered agent or both in the State	of Florida, Such change was :	authonzed	DV U	ne corporatior	ration submits this statement for the purpose of changing its reg n's board of directors. I hereby accept the appointment as regist	ered
agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0505, Fl	orida Statu	ites.	•		
SIGNATURE			•			when reinstating) DATE	
	Signature, typed or printed name of registered age	ant and title if applicable. (NOT ND DIRECTORS	E: Registered	Agent	signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
12.	D OFFICERS AI	DELETE	1.1 111	ı F	<del></del> -		Addition
NAME	_				ļ		
INPUVIC	MYERS ANDREW H		1.2 NA	ME	i	•	
CTDSET ADDRESS	MYERS, ANDREW H		1.2 NA		ADDRESS		
STREET ADDRESS	183 SOUTH HAMPTON DR		1.3 ST	REETA	ADDRESS		
CITY-ST-ZIP	183 SOUTH HAMPTON DR JUPITER FL 33458	DELETE	1.3 ST	REET A	\ \	☐ Change	Addition
CITY-ST-ZIP	183 SOUTH HAMPTON DR JUPITER FL 33458 D	☐ DELETE	1.3 STI 1.4 CFI 2.1 TIT	REET# IY-ST- LE	\ \	☐ Change [	
CITY-ST-ZIP TITLE NAME	183 SOUTH HAMPTON DR JUPITER FL 33458 D MYERS, LORI B	☐ DELETE	1.3 STI 1.4 CII 2.1 TII 2.2 NA	REET A TY-ST- LE ME	ZIP	☐ Change [	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	183 SOUTH HAMPTON DR JUPITER FL 33458 D MYERS, LORI B 183 SOUTH HAMPTON DR	☐ DELETE	1.3 STI 1.4 CII 2.1 TIT 2.2 NA 2.3 ST	REET A TY-ST- LE ME REET A	ADDRESS	☐ Change [	
CITY-ST-ZIP TITLE NAME	183 SOUTH HAMPTON DR JUPITER FL 33458 D MYERS, LORI B	☐ DELETE	1.3 STI 1.4 CII 2.1 TII 2.2 NA	REET A TY-ST- LE ME REET A TY-ST-	ADDRESS		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	183 SOUTH HAMPTON DR JUPITER FL 33458 D MYERS, LORI B 183 SOUTH HAMPTON DR		1.3 ST 1.4 CD 2.1 TIT 2.2 NA 2.3 ST 2.4 CD	REET A TY-ST- LE ME REET A TY-ST- LE	ADDRESS		] Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	183 SOUTH HAMPTON DR JUPITER FL 33458 D MYERS, LORI B 183 SOUTH HAMPTON DR		1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CIT 3.1 TIT 3.2 NA	REET A TY-ST- LE ME REET A TY-ST- LE ME	ADDRESS		] Addition
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CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	183 SOUTH HAMPTON DR JUPITER FL 33458 D MYERS, LORI B 183 SOUTH HAMPTON DR	☐ DELETE	1.3 ST 1.4 CT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST	REET A  Y-ST- LE  REET A  TY-ST- LE  ME  REET A  TY-ST- LE  AME  REET A  REET A  TY-ST- LE	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	Change [	Addition Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	183 SOUTH HAMPTON DR JUPITER FL 33458 D MYERS, LORI B 183 SOUTH HAMPTON DR	DELETE	1.3 ST 1.4 CIT 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NV 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST	REET A  TY-ST- LE  TY-ST- LE  ME  REET A  TY-ST- LE  AME  REET A  TY-ST- LE  REET A  REET A  TY-ST- LE  REET A  REET A  TY-ST- LE  REET A  TY-ST- LE  ME  REET A  REET A  TY-ST- TY- TY-ST- TY-ST- TY- TY-ST- TY- TY- TY- TY- TY- TY- TY- TY- TY- T	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	Change Change	Addition Addition Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	183 SOUTH HAMPTON DR JUPITER FL 33458 D MYERS, LORI B 183 SOUTH HAMPTON DR	DELETE	1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NV 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST	REET A  TY-ST- LE  TY-ST- LE  ME  REET A  TY-ST- LE  AME  REET A  TY-ST- LE  REET A  REET A  TY-ST- LE  REET A  REET A  TY-ST- LE  REET A  TY-ST- LE  ME  REET A  REET A  TY-ST- TY- TY-ST- TY-ST- TY- TY-ST- TY- TY- TY- TY- TY- TY- TY- TY- TY- T	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	Change Change	Addition Addition Addition
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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 the analysis of the corporation of the analysis of the analysis of the corporation of the analysis of the corporation of th

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR