PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90110 039 ***150.00

DOCUMENT # P97000086476

1. Corporation Name

JALEN	HERPRISES OF SOUTH FL	UKIDA, INC.			
Principal Place	of Rusiness	Mailing Address			
7540 NW 5 ST		7540 NW 5 ST			
STE 2		STE 2			
PLANTATION FL	. 33317	PLANTATION FL 33317	•		DO NOT WRITE IN THIS SPACE
U\$		US			3. Date Incorporated or Qualifed 10/01/1997
2. Principal Pl	ace of Business	2a. Mailing Address		1	4. FEI Number Applied For
21 17/05	-NW 23 CT	26 12105 NW	23	d	65-0787444 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22	,	27			5. Certificate of Status Desired Fee Required
City & State	/ / /	City & State	FL.	- ·	6. Election Campaign Financing \$5.00 May Be Added to Fees
23 / ZAN Zip	Country Country	28 / // WTA 0 K	Country		8 This corporation owes the current year Intangible
Z4 3332	23 IS BROWAR	d 29 <i>33323</i> 30	BROG	DAAL	Personal Property Tax. Yes No
<u>1 </u>	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
	IIGAN, LOUIS		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
1210		02	Street Ad	address (1.0. Box realises to vice viceoptable)	
PLANTATION FL 33323			83		
			84	City	FL 85 Zip Code
		David COZ 4EOO Elevido Statutos	the above	named so	corporation submits this statement for the purpose of changing its registered
office or re	edistered agent, or both, in the State (of Florida. Such change was auth	orizea ov t	-named co :he corpora	ration's board of directors. I hereby accept the appointment as registered
agent. I ar	m familiar with, and accept the obligat	tions of, Section 607.0505	Statutes.	10	-/1/00
SIGNATURE	LOUIS FLANIG		1 9	lan	upm 3/16/99
	Signature, typed or printed name of registered agen		gistered Agent	signature requ	quirt when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D OFFICERS AN	D DIRECTORS DELETE	1.1 TITLE		Change Addition
TITLE	FLANIGAN, LOUIS	E, bellie	1.2 NAME	,	
NAME	12105 NW 23 COURT		1.3 STREET	ADDRESS	•
STREET ADDRESS					
CITY-ST-ZIP!	PLANTATION FL 33323 D	☐ DELETE	1.4 CITY-ST 2.1 TITLE	·ZIP	☐ Change ☐ Addition
TITLE			2.2 NAME		- , -
NAME	FLANIGAN, JAYNE			4DDDE00	
STREET ADDRESS	12105 NW 23 COURT		2.3 STREET		
CITY-ST-ZIP,	PLANTATION FL 33323	☐ DELETE	2. 4 CITY-ST 3.1 TITLE	1-217	☐ Change ☐ Additio
TITLE , .	· · ·		3.2 NAME		
NAME '			3.3 STREET	ADDRESS	
STREET ADDRESS					
CITY-ST-ZIP,		☐ DELETE	3.4. CITY-ST 4.1 TITLE	1-215	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
C/TY-ST-ZIP			4.4 CITY-ST		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP,			5.4 CITY-ST	-ZIP	•
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME '			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	·
CITY-ST-ZIP			6.4 CITY-ST	-ZIP	
SHIT-SITES,					

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: