## 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 COMPORATIONS

DOCUMENT # P97000088426 (6)

## FILED Feb 04 1998 8:00am Secretary of State

1. Corporation NASSAL	J ACRES, INC.		(-)							
Principal Place	of Business	Mailing Address						9191 (919) 18111 91914 II	010 0111 FB0f	
5442 GREEN / CALLAHAN FL	AVENUE	POST OFFICE BOX 1177 CALLAHAN FL 32011				DO NOT WRITE IN	THIS SDACE			
							3. Date Incorporated or Qualified 10/14/1997	THIS SPACE		
2. Principal Pl	ace of Business	2a. Mailing Addr	2a. Mailing Address 26				4. FEI Number 59-3480004	<del> </del>	pplied For ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.				5. Certificate of Status Desired	7	Additional equired	
City & State	3	City & State					6. Election Campaign Financing	\$5.00	May Be	
23		28	28						to Fees	
Zip	Country	Zip	C	ountry	,		8. This corporation owes or has paid t	he current year In	tangible	
24	25	29	30				Personal Property Tax due June 30	· · · · · · · · · · · · · · · · · · ·	□ No	
	g, Name and Address of Currer	nt Registered Agent		<del></del>			10. Name and Address of New Regis	tered Agent		
	(ER, GARY ESQ			81	Name					
	2 <b>Green avenue</b> Lahan Fl 32011				Street	Addres	ddress (P.O. Box Number is Not Acceptable)			
				83						
				84	City			FL 85 Zip	Code	
office or re agent. I ar	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	of Horida, Such chan	de was authori	zed by	v the corr	corpo poratio	ration submits this statement for the purp n's board of directors. I hereby accept th	oose of changing ne appointment as	its registered s registered	
SIGNATURE .	Signature, lyped or printed name of registered ago	oil and title if applicable	(NOTE Regist	ered Age	ont signature	req. red	when re-instating)	DATE		
12.		D DIRECTORS	1	3.			ADDITIONS/CHANGES TO OFFICER			
TITLE	PO	□ DE		TITLE			son, Deborah	Change	Addition	
NAME	EASON, DEBORAH			2 NAME		المائح المائح	12 Green Avenue			
STREET ADDRESS	POST OFFICE BOX 1177		1:	STREET	ADDRESS					
CITY-ST-ZIP	CALLAHAN FL 32011			4 CITY - S	ST-ZIP	Ca	16han, FL 32011		1.14000	
TITLE	STD BAKER, GARY	∐ DE		1 TITLE		িসা	0	Change	Addition	
NAME	BOOT OFFICE BOY 44TT		2 NAME			wer, Gary 142 Green Avenue 21 Khan, Fl 3201		Ì		
STREET ADDRESS	CALLAHAN FL 32011				ADDRESS	500	My Green 10			
CITY-ST-ZIP	CALLATAIT FE 32011	DE		4 CITY-: 1 TITLE	ST-ZIP		alkanan, re Soul	Change	Addition	
TITLE		PC		2 NAME						
NAME STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				4. CITY-						
TITLE		□ DE		1 TITLE		1		Change	☐ Addition	
NAME			4.	2 NAME					ŀ	
STREET ADDRESS			4.3	STREET	ADDRESS				Ì	
CITY-ST-ZIP			4	4 CITY - S	ST-ZIP					
TITLE		☐ DE	LETE 5.	1 TITLE				☐ Change	Addition	
NAME			5.3	2 NAME						
STREET ADDRESS			5.3	3 STREET	ADDRESS				}	
CITY-ST-ZIP				4 CITY-S	ST-ZIP					
TITLE		☐ DE	LETE 6.º	TITLE				☐ Change	Addition	
NAME			6.3	2 NAME						
STREET ADDRESS					ADDRESS				İ	
CITY-ST-ZIP	artify that the information supplied y	vith this filing does not		4 CITY - S		l ed in Se	ection 119 07(3)(i) Florida Statutes, I furl	ther certify that the	e information	

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.

1/4/0