

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

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90028 044 ***150.00

DOCUMENT # P97000093113

1. Corporation Name
JRD PROP CORP.

Principal Place of Business
1101 BRICKELL AVENUE
SUITE 200
MIAMI FL 33131

Mailing Address
1101 BRICKELL AVENUE
SUITE 200
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1997

4. FEI Number

APPLIED FOR

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1160 NW 159th Dr
Suite, Apt. #, etc.

22 City & State
23 Miami FL

24 Zip 33169 25 Country

2a. Mailing Address

26 13850 Forsythe Rd
Suite, Apt. #, etc.

27 City & State
28 Sykesville MD

29 Zip 21784 30 Country

9. Name and Address of Current Registered Agent

JAMES DICKY
1101 BRICKELL AVE.
#200
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

James Dickey
1160 NW 159th Dr

Miami FL

Zip Code 33169

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

JAMES DICKY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/99

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME DICKEY, JEAN
STREET ADDRESS 1101 BRICKELL AVENUE
CITY-ST-ZIP MIAMI FL 33131

TITLE VP
NAME DICKEY, JAMES
STREET ADDRESS 1101 BRICKELL AVENUE
CITY-ST-ZIP MIAMI FL 33131

TITLE Secretary
NAME Jonathan
STREET ADDRESS Forsythe Rd
CITY-ST-ZIP Sykesville MD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1160 NW 159th Dr
1.4 CITY-ST-ZIP Miami FL 33169

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1160 NW 159th Dr
2.4 CITY-ST-ZIP Miami FL 33169

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS Jonathan Dickey
3.4 CITY-ST-ZIP 1160 NW 159th Dr
Miami FL 33169

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS Jonathan Dickey
4.4 CITY-ST-ZIP 13850 Forsythe Rd
Sykesville MD 21784

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 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:

Jonathan Dickey 3/19/99 (410) 715-5015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0189089