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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

	1999	DIVISION OF CI	ORPORA	HON	NS				
i. Corporation		0098491				02-08-1999 90052 033 ***150	.00		
J.R.S. D	ESIGN, INC.					 			
Principal Place	e of Business	Mailing Address						, , , , , , , , , , , , , , , , , , , ,	
4215 ARTHUR STREET 4215 ARTHUR STREET								•	
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021						DO NOT WRITE IN THIS SE	PACE		
						3. Date Incorporated or Qualifed	ACE		
						11/17/1997	•		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ai	oplied For	
21 26						65-0796104	N	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	•	Additional	
22 27					•	5. Controde of Glada Beside	Fee R	equired	
City & State City & State						_6.: Election Campaign Financing		-May Be	
23						Trust Fund Contribution		to Fees	
. Zip	_ ′ 🗀 ՝			Country		8. This corporation owes the current year Intangible  Personal Property Tax.			
24 25 29 30  9. Name and Address of Current Registered Agent				Personal Property Tax. LYes No.  10. Name and Address of New Registered Agent					
	9. Name and Address of Curre	int Registered Agent	8	1 1	Name	10. Name and Address of New Address Ag			
Barna, Joseph									
4215 ARTHUR STREET				82 Street Address (P.O. Box Number is Not Acceptable)					
HOLLYWOOD FL 33021				3					
			<u> </u>			***	. M. 13		
			8	4 (	City	FL	85 Zip	Code	
agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statutes e of Florida. Such change was aut ations of, Section 607.0505, Florid	s, the abo thorized b da Statute	ve-nay the	amed corpo e corporation	oration submits this statement for the purpose of chin's board of directors. I hereby accept the appointn	anging its nent as re	registered egistered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: F	Registered Ag	ent sig	gnature required	when reinstating) DATE			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO		
TITLE	D	☐ DELETE	1.1 TITLE	:			] Change	☐ Addition	
NAME	Barna, Joseph		1.2 NAME	Ε				-	
STREET ADDRESS	4215 ARTHUR STREET		1.3 STRE	ET AD	ORESS		:	(	
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-		IP				
TITLE	Р	☐ DELETE	2.1 TITLE	į.		. L	] Change	☐ Addition	
NAME	BARNA, JOSEPH		2.2 NAME					.	
STREET ADDRESS			2.3 STRE	ET AD	ORESS	•		ļ	
CITY-ST-ZIP	HOLLYWOOD FL 33921	C) no ore	2.4 CITY		ZIP		7.05	Addition	
TITLE .	V DARMA: 4 ORF	☐ DELETE	3.1 TITLE		-	والمراقب المستقل المست	-1 cirange	Addition =	
NAME .	BARNA, LORI		3.2 NAME				•	1	
STREET ADDRESS	4215 ARTHUR STREET		3.3 STRE					(1 <del>-1</del> 5%)	
CITY-\$T-ZIP	HOLLYWOOD FL 33021	☐ DELETE	3.4. CITY 4.1 TITLE		IP		Change	Addition	
TITLE .			4. 2 NAM			, .	_,		
STREET ADDRESS			4.2 NAM		IDRESS				
			4.4 CITY-						
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME			<u>.                                      </u>	_ •	_	
STREET ADDRESS			5.3 STRE	ETAD	DRESS			İ	
CITY-ST-ZIP			5.4 CITY-	ST-ZII	IP	.*			
TITLE		☐ DELETE	6.1 TITLE			, ·	Change	☐ Addition	

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 an an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State**