Applied For

Not Applicable

## 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 # P97000100033

JACKSON CORPORATE CONSULTING, INC.

Principal Place of Business	Mailing Address		
5343 ORDUNA DRIVE	5343 ORDUNA DRIVE		
CORAL GABLES FL 33146	CORAL GABLES FL 33146		

## **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90009 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

11/21/1997 4. FEI Number

65-0803220

Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	5. Certificate of Status Desired. See Required Fee Required			
City & State	3	City & State		6. Election Campaign Financing S5.00 May B Trust Fund Contribution Added to Fees			
23		28	Country		-		
Zip 24	Country 25	Zip 29 30	7	8. This corporation owes the current year Intangible Personal Property Tax.			
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent			
			81 Name	HOPE L. KAISER			
KAISER, HOPE L			Hope L - KAISER  82 Street Address (P.O. Box Number is Not Acceptable)				
1205 GRANADA BLVD.			5343 ORDUNA DRIVE				
CORAL GABLES FL 33134			83				
				(2)			
			84 City	DRAL GAGLES, FL 85 Zip Code 33146	i		
44 December 1 September 1 Sept				perpending submits this statement for the purpose of changing its registe	ered		
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 ar	n familiar with, and accept the oblig	pations of, Section 607.0505, Florida	Statutes.	و معالماً المعالمات	į		
SIGNATURE	XTA III			1/8/49	– ì		
12.	Signature, typed of brinted name of registered ag	,	gistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12		
	D OFFICERS A	AND DIRECTORS	1.1 TITLE		Addition		
TITLE	-	O Decerte		HOPE L KAISER	ŀ		
NAME	KAISER, HOPE L		1.2 NAME	5343 ORDINA DRIVE			
STREET ADDRESS	1205 GRANADA BLVD.		1.3 STREET ADDRESS	4	ļ		
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	CORAL GABLES, FZ 33146	Addition		
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐	Audilion		
NAME			2.2 NAME				
STREET ADDRESS	•	_	2.3 STREET ADDRESS				
CITY-\$T-ZIP			2.4 CITY-ST-ZIP		4 1 200		
TITLE		☐ DELETE	3.1 TITLE	☐ Change	Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP	,			
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐	Addition		
NAME			4. 2 NAME		ļ		
STREET ADDRESS			4.3 STREET ADDRESS	•	j		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
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		Ì		
STREET ADDRESS			6.3 STREET ADDRESS		ł		
	•		6.4 CITY-ST-ZIP				
CITY-ST-ZIP	. AT AL - A AL - 1 - 5 AL	ish this filter does not muclify for th		in Section 119 07(3)(i) Florida Statutes I further certify that the information	ation		

i increay ceruity 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 for or an attachment with an address, with all other like empowered.

SIGNATURE: