PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90098 022 ***150.00

FILED

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J.P. REICHARD III ENTERPRISES INC.

Mailing Address Principal Place of Business **B311 WATERWAY DR** 8311 WATERWAY DR WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/01/1998 2a. Mailing Address FEI Number Applied For 2. Principal Place of Business 59 Not Applicable SAMEAS 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country This corporation owes the current year intengible Country Zip D les Personal Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 REICHARD: JOHN P (I) Street Address (P.O. Box Number is Not Acceptable) 62 8311 WATERWAY DR WEST PALM BEACH FL 33406 83 85 Zip Code 84 City FL 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 Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12, PRESIDEN JOHN PAUL Addition ☐ Change 1.1 TITLE TOLE CR2E034 1.2 NAME MALE 8311 WATERWAY PRI 1,3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 21 TILE TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Change · Addition DELETE 31TITLE TITLE 3.2 NAME 3.3 STREET ACCRESS 3.4. CITY-ST-ZP CITY-ST-ZIP ☐ Addition ☐ DELETE TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET AODRES SACITY-ST-ZP CITY-ST-ZIP Addition Change ☐ DELETE 61TIII F TITLE 62 NAME NAME **8.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP 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:

MANURED BOOKED OF SIGNING OFFICER OR DIRECTOR

1/13/99 541-968-9716

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