

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90180 042 \*\*\*150.00

**'PROFIT**  
**CORPORATION**  
**ANNUAL REPORT**  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000000493**

1. Corporation Name  
**J.I.V. FOOD AND BEVERAGE CORP.**

Principal Place of Business  
**ONE EXECUTIVE BLVD., SUITE 105A**  
**SUFFERN NY 10901**

Mailing Address  
**ONE EXECUTIVE BLVD., SUITE 105A**  
**SUFFERN NY 10901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/05/1998**

4. FEI Number  
**59-348-6419**

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  
**5865 Arlington Expy**

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Jacksonville, FL**

City & State

Zip **32211** Country **USA**

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREGG, TERRIL**  
**5865 ARLINGTON EXPRESSWAY**  
**JACKSONVILLE FL 32211**

81 Name **Sophie Edwards**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5865 Arlington Expressway**

83

84 City **Jacksonville**

85 Zip Code **FL 32211**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/21/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **SHEPS, ISAIAH ESQ**  
STREET ADDRESS **ONE EXECUTIVE BLVD SUITE 105A**  
CITY-ST-ZIP **SUFFERN NY 10901**

1.1 TITLE **COO** ☐ Change ☒ Addition  
1.2 NAME **Israel Rosenblum**  
1.3 STREET ADDRESS **One Executive Blvd., Suite 105A**  
1.4 CITY-ST-ZIP **Suffern, NY 10901**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Isaiah Sheps* **1/5/99** **914-357-0800**

CR2E034 (11/98)