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Apr 06, 1999 8:00 am  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000001478

1. Corporation Name  
JAB-TAB, INC.

Principal Place of Business  
1688 NE 164 STREET  
NORTH MIAMI BEACH FL 33162

Mailing Address  
1688 NE 164 STREET  
NORTH MIAMI BEACH FL 33162



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/07/1998

4. FEI Number  
65-0803560  
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 19595 N.E. 10th Av.

Suite, Apt. #, etc.

22 Bldg. S-G

City & State

23 North miami Bch, FL

Zip Country

24 33179 25 DADE

2a. Mailing Address

26 19595 NE 10th Av.

Suite, Apt. #, etc.

27 Bldg. S-G.

City & State

28 North miami Bch, FL

Zip Country

29 33179 30 DADE

9. Name and Address of Current Registered Agent

BLOCK, STEVEN  
1688 NE 164 STREET  
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name  
STEVEN BLOCK  
82 Street Address (P.O. Box Number is Not Acceptable)  
19595 NE 10th Av.  
83 Bldg. S-G  
84 City  
North miami Bch FL 85 Zip Code  
33179

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
D  
NAME  
BLOCK, STEVEN  
STREET ADDRESS  
1688 NE 164 STREET  
CITY-ST-ZIP  
NORTH MIAMI BEACH FL 33162

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
D  
1.2 NAME  
BLOCK, STEVEN  
1.3 STREET ADDRESS  
19595 NE 10th Av Bldg S-G.  
1.4 CITY-ST-ZIP  
NORTH MIAMI Bch, FL 33179

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

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

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

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99  
Date

(305) 493-3332  
Daytime Phone #

CR2E034 (11/98)