PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000008370

1. Corporation Name

JDFINN, INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90135 024 ***150.00



	•								
Principal Place	of Business	Mailing Address				1)#81/8\$* (14 14/4) (5/1) \$\$(1) \$\$(1) \$\$(1) \$\$		12011 4511	
9261 SOUTHAMPTON PLACE 9261 SOUTHAMPTON PLACE									
BOCA RATON F		BOCA RATON FL 33434							
						DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed 01/26/1998			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied Fo	or
21		26				65-0803593		Not Applic	-
	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	5 Addition	
22		27						Required	
City & State	9	City & State				6. Election Campaign Financing)0 Мау В	
23	- Oto	28	Cau			Trust Fund Contribution		ed to Fees	<u>'</u>
Zip	Country	Zip	Country 30			This corporation owes the current year Inta Personal Property Tax.	angibie ∐Yes	√ 2%₀	
24	9. Name and Address of Curren		30			10. Name and Address of New Registered			
	9. Name and Address of Corren	it Kegistered Agent		81	Name	To. Maine and Places of No. 100		-	
	Broehl, Joseph e			<u> </u>	<u> </u>	(D.O. D. M			
9261	SOUTHAMPTON PLACE		82 Stree			ess (P.O. Box Number is Not Acceptable)			
BOC	A RATON FL 33434			83			-		
							105 3	fin Codo	
				84	City	FL	85 Z	ip Code	
l office or re	egistered agent, or both, in the State	of Florida. Such change was au	ithorized	i by ti	named corpo he corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	changing ntment as	its registe registere	ered d
agent. I ai	m familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Stati	utes.					į
SIGNATURE	Signature, typed or printed name of registered ager	ut and title if annivable (NOTE:	Registered	Agent	signature required	when reinstating) DATE			- 1
12.	<u> </u>	ID DIRECTORS	13.	- Govern	<u></u>	ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS IN	12
TITLE				1.1 TITLE			☐ Chan	ge 🗆 A	Addition
NAME	WALBROEHL, JOSEPH E		1.2 N	ME					
STREET ADDRESS	9261 SOUTHAMPTON PLACE		1.3 ST		ADDRESS				ļ
CITY+ST-ZIP	BOCA RATON FL 33434		1.4 CITY-5		ZIP		···		
TITLE	D			2.1 TITLE			Chang	ge 🗆 A	Addition
NAME	WALBROEHL, KERRI JO E		2.2 NA		Ì				į
STREET ADDRESS	9261 SOUTHAMPTON PLACE		2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33434	RATON FL 33434 2.4		2.4 CITY-ST-ZIP				-	
TITLE			3.1 TI	TLE			Chan	ge 🗀 A	Addition
NAME	magani 4		3.2 N	AME					
STREET ADDRESS	,		3.3 STREE		ADDRESS				Į
CITY-ST-ZIP			_	ITY-ST	-ZIP				A Juliation
TTLE		☐ DELETE	4.1 71	ľΕ			☐ Chan	ge ∐A	Addition
NAME			4. 2 N			•			
STREET ADDRESS			4.3 S	REET	ADDRESS				1
CITY-ST-ZIP			4.4 CITY-		ZIP		[7.0h		A adultion
mrLE		☐ DELETÉ	5.1 TITLE		ł		Chan	ge ⊔A	Addition
NAME			5.2 N/						
STREET ADDRESS					ADDRESS				
CITY-\$T-ZIP		□ pel ete	5.4 CiTY-S 6.1 TITLE		ZIP		[] Chan	nge 🗆 /	Addition
TITLE		☐ DELETE					€ Citali	y ∟.	NUMBER OF
NAME	s,		6.2 N		ADDDEČČ				
STREET ADDRESS	n The state of the		1	TV. ST.	ADDRESS				Ì

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 propowered.

SIGNATURE: