


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90147 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000010158**

1. Corporation Name.

JLG MERCHANDISING INC.

Principal Place of Business

Mailing Address

1120 NW 89 WAY
PLANTATION FL 33322

1120 NW 89 WAY
PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1998

4. FEI Number

65-0815356

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

2a. Mailing Address

21 15832 SW 14 ST

26 15832 SW 14 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Pembroke Pines FL

28 Pembroke Pines FL

Zip Country

Zip Country

24 33027 25 USA

29 33027 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAUMAN, JEROME A
7820 PETERS ROAD
SUITE E-103
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORLECHEN, EDWIN	1.2 NAME	GORLECHEN EDWIN
STREET ADDRESS	1120 NW 89 WAY	1.3 STREET ADDRESS	15832 SW 14 ST
CITY-ST-ZIP	PLANTATION FL 33322	1.4 CITY-ST-ZIP	Pembroke Pines, FL 33027
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	GORLECHEN JOAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORLECHEN, JOAN	2.2 NAME	GORLECHEN JOAN
STREET ADDRESS	1120 NW 89 WAY	2.3 STREET ADDRESS	15832 SW 14 ST
CITY-ST-ZIP	PLANTATION FL 33322	2.4 CITY-ST-ZIP	Pembroke Pines FL 33027
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Joan GORLECHEN** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 954-441-4107
Date Daytime Phone #

CR2E034 (11/98)