

09231999-90004-026-\$550.00-\$550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

FILED

99 OCT 27 PM 6:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000022492

1. Corporation Name
JEFF TRIM, INC.

Principal Place of Business
4061 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

Mailing Address
4061 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411



9/23/99 90004026 \$550.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 05-0814178		Applied For ☐ Not Applicable	
21. Suite, Apt. #, etc.		28. Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23. Zip		29. Zip		8. This corporation owes the current year Intangible Personal Property.		☐ Yes ☐ No	
24. Country		30. Country					

9. Name and Address of Current Registered Agent GEORGE, JOHN P 4061 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411				10. Name and Address of New Registered Agent			
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 _____ DATE _____
(NOTE: Registered Agent signature required when replacing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE ☐ DELETE				1.1 TITLE ☐ Change ☐ Addition			
1.2 NAME John P. George				1.2 NAME			
1.3 STREET ADDRESS 4061 Royal Palm Beach Blvd.				1.3 STREET ADDRESS			
1.4 CITY-STATE-ZIP Royal Palm Beach, FL 33411				1.4 CITY-STATE-ZIP			
2.1 TITLE ☐ DELETE				2.1 TITLE ☐ Change ☐ Addition			
2.2 NAME				2.2 NAME			
2.3 STREET ADDRESS				2.3 STREET ADDRESS			
2.4 CITY-STATE-ZIP				2.4 CITY-STATE-ZIP			
3.1 TITLE ☐ DELETE				3.1 TITLE ☐ Change ☐ Addition			
3.2 NAME				3.2 NAME			
3.3 STREET ADDRESS				3.3 STREET ADDRESS			
3.4 CITY-STATE-ZIP				3.4 CITY-STATE-ZIP			
4.1 TITLE ☐ DELETE				4.1 TITLE ☐ Change ☐ Addition			
4.2 NAME				4.2 NAME			
4.3 STREET ADDRESS				4.3 STREET ADDRESS			
4.4 CITY-STATE-ZIP				4.4 CITY-STATE-ZIP			
5.1 TITLE ☐ DELETE				5.1 TITLE ☐ Change ☐ Addition			
5.2 NAME				5.2 NAME			
5.3 STREET ADDRESS				5.3 STREET ADDRESS			
5.4 CITY-STATE-ZIP				5.4 CITY-STATE-ZIP			
6.1 TITLE ☐ DELETE				6.1 TITLE ☐ Change ☐ Addition			
6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 CITY-STATE-ZIP				6.4 CITY-STATE-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 checked for on an attachment with an address.

SIGNATURE: John George 9/15/99 561-790 2068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

007734

CR2E034 (5/99)

KE