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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000025293

J. E. GREGORY & ASSOCIATES, INC.

May 03, 1999 8:00 am Secretary of State

05-03-1999 90035 011 ***150.00



	· - · · · <u> </u>											
Principal Plac	e of Business	Mailing Address					.,,,,	111441				
4706 NORTHEAST 11TH AVENUE 4706 NORTHEAST 11TH AVE												
FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 3			33334	34				DO NOT WRITE IN THIS SPACE				
	•					-	Date Inc	orporated or Qualife		IIS SFACE		
	•			ţ			03/18/	1998	•			
2. Principal P	lace of Business	2a, Mailing Address				4	FEI Num	ber	·	~ -· 	Applied For	
21	and the second s	26					65_0	B24933 —		1	tot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc								e of Status Desired			Additional	
22	•	27	27			3	Continuati			Fee f	Required	
City & Stat	e	City & State	City & State			6	6. Election Campaign Financing \$5.00 May Be			🕽 Мау Ве		
23		28					Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Coun	try		8	. This corp	poration owes the cu	rrent year	r Intangible		
24	25 29 30						Personal Property Tax.					
	9. Name and Address of Curr	ent Registered Agent				10	. Name a	nd Address of New	Register	ed Agent		
			1	31	Name							
GREGORY, JOHN				32	Street	Address (ddress (P.O. Box Number is Not Acceptable)					
4706 NORTHEAST 11TH AVENUE				52 Street Addit			1 .O. BOX 1	(4)	,			
FOR	T LAUDERDALE FL 33334		Ī	33								
		`	Ļ								- Ordo	
] 1	34	City				F	- 8 5 Zi	Code	
11 Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Sta	atutes, the abo	ove-	-named	corporation	n submits	this statement for th	e purpose	of changing i	ts registered	
office or r	edistered agent or both in the Sta	te of Florida. Such change wa	is autnonzeo i	ον u	he corpo	oration's b	oard of dir	ectors. I hereby acc	ept the ap	pointment as	registered	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505,	Fiorida Statut	es.					,			
SIGNATURE		and and this if annihable (A	IOTE: Registered A	nent :	eignature r	aguired when	reinetation)		DATE	· · · · · · · · · · · · · · · · · · ·		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS				go.n.	organica or a	oquilas misi		NS/CHANGES TO C	FFICERS	AND DIRECT	FORS IN 12	
TITLE				13. 1.1 TILE		P,S		<u></u>		☐ Chang		
NAME .			1.2 NAM			Grec	orv.	John E.				
l			1	_	ADDRESS				th A	venue		
STREET ADDRESS				l l		1	706 Northeast 11th Avenue ort Lauderdale, Florida 33334					
CITY-ST-ZIP		☐ DELETE			-211	1010	. пац	derdare,	1 101	☐ Chang		
TITLE		_ 		2.2 NAME								
NAME			1	_ 1 .				•		· - ·		
STREET ADDRESS	5			2.3 STREET ADDRESS								
CITY-ST-ZIP				2.4 CITY-ST-ZIP					<u> </u>	[] Change	e Addition	
TITLE		☐ DELETE									B Manifoli	
NAME			3.2 NAN	E		ļ						
STREET ADDRESS			3.3 STR	EET/	ADDRESS							
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NAME		•	4. 2 NA	Æ								
STREET ADORESS			4.3 STR	EET/	ADDRESS				•			
CITY-ST-ZIP			4.4 CIT	-ST-	-ZIP	ŀ						
TITLE		☐ DELETE	5.1 TITL	E			•			☐ Chang	e	
NAME			5.2 NAM	ΙE						•		
STREET ADDRESS			5.3 STR	EET/	ADDRESS							
CITY-ST-ZIP			5.4 CIT)	′-\$T-	ZiP							
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

954-771-5828