


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90165 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000027638

1. Corporation Name

JAMAICAN HERBAL & HEALING, INC.



Principal Place of Business 4244 N. STATE ROAD 7 LAUDERDALE LAKES FL 33319	Mailing Address 4244 N. STATE ROAD 7 LAUDERDALE LAKES FL 33319
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1998

4. FEI Number

65 - 0822803

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

9. Name and Address of Current Registered Agent

 PITTER, CARL S
 7447 NW 57 ST
 TAMARAC FL 33319

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

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	DPT	<input type="checkbox"/> DELETE
NAME	COOKE, MERTON	
STREET ADDRESS	4244 N. STATE ROAD 7	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	

TITLE	DVS	<input type="checkbox"/> DELETE
NAME	FRANCIS, HYACINTH	
STREET ADDRESS	4244 N. STATE ROAD 7	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

Daytime Phone #

CR2E034 (1/198)