

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

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

03-22-1999 90044 032 ***150.00

DOCUMENT # P98000056143

1. Corporation Name

JAG MANAGEMENT SERVICES, INC.

Principal Place of Business

301 YAMATO ROAD SUITE 2198
BOCA RATON FL 33431

Mailing Address

301 YAMATO ROAD SUITE 2198
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1998

4. FEI Number

65-0851016

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

21 980 N. FEDERAL HWY

2a. Mailing Address

26 980 N. FEDERAL HWY

Suite, Apt. #, etc.

22 SUITE 206

Suite, Apt. #, etc.

27 SUITE 206

City & State

23 BOCA RATON FL

City & State

28 BOCA RATON FL

Zip

24 33432

Country

25 USA

Zip

29 33432

Country

30 USA

9. Name and Address of Current Registered Agent

LEVINE, COREY E
301 YAMATO ROAD SUITE 2198
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

COREY LEVINE

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

980 N. FEDERAL HWY

83 SUITE 206

84 City

BOCA RATON

FL

85 Zip Code

33432

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

3-9-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS LESAVOY, ARTHUR
CITY-ST-ZIP 301 YAMATO ROAD SUITE 2198
BOCA RATON FL 33431

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 980 N. FEDERAL HWY

1.3 STREET ADDRESS SUITE 206

1.4 CITY-ST-ZIP BOCA RATON FL 33432

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME AS/IT GRACE LESAVOY

2.3 STREET ADDRESS 980 N. FEDERAL HWY

2.4 CITY-ST-ZIP SUITE 206
BOCA RATON FL 33432

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Grace Lesavoy

Date

3-18-99

Daytime Phone #

561-3943535

CR2E034 (11/98)