

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 # P98000057773

1. Corporation Name

J.A.S. CUSTOM RENOVATIONS, INC.

Principal Place of Business

~~4102 S. PINE ISLAND ROAD~~
DAVIE FL 33328

4253 SW 84TH TERR
DAVIE FLORIDA 33328

Mailing Address

~~4102 S. PINE ISLAND ROAD~~
DAVIE FL 33328

2. Principal Place of Business

21 4253 SW 84 TERR

2a. Mailing Address

26 4253 SW 84 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DAVIE FL

City & State

28 DAVIE FL

Zip Country

24 33328 25 1

Zip Country

29 33328 30

9. Name and Address of Current Registered Agent

SALVAGNA, JOSEPH
~~4102 S. PINE ISLAND ROAD~~
~~DAVIE FL 33328~~

81 Name

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

83 4253 SW 84 TERR

84 City

DAVIE B

FL

85 Zip Code

33328

10. Name and Address of New Registered Agent

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 1.1 TITLE

NAME 1.2 NAME

STREET ADDRESS 1.3 STREET ADDRESS

CITY-ST-ZIP 1.4 CITY-ST-ZIP

TITLE 2.1 TITLE

NAME 2.2 NAME

STREET ADDRESS 2.3 STREET ADDRESS

CITY-ST-ZIP 2.4 CITY-ST-ZIP

TITLE 3.1 TITLE

NAME 3.2 NAME

STREET ADDRESS 3.3 STREET ADDRESS

CITY-ST-ZIP 3.4 CITY-ST-ZIP

TITLE 4.1 TITLE

NAME 4.2 NAME

STREET ADDRESS 4.3 STREET ADDRESS

CITY-ST-ZIP 4.4 CITY-ST-ZIP

TITLE 5.1 TITLE

NAME 5.2 NAME

STREET ADDRESS 5.3 STREET ADDRESS

CITY-ST-ZIP 5.4 CITY-ST-ZIP

TITLE 6.1 TITLE

NAME 6.2 NAME

STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

4253 SW 84 TERR
DAVIE FL 33328

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Joseph Salvagna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18/99

Date

954 475 9754

Daytime Phone #

CR2E034 (11/98)

0308436

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90130 020 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1998

4. FEI Number

66-084 7208

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