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Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90147 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000060227

1. Corporation Name

| JRA SER | IVICES, INC. | | | | | | | |
|---|---|----------------------------------|------------------------------|---------------|--------------------------------------|------------------|-------------|-------------------|
| | | | | | | | | |
| Principal Place | e of Business | Mailing Address | | | | | | |
| P.O. BOX 450027 P.O. BOX 450027 SUNRISE FL 33345-0027 | | | | | DO NOT WE | RITE IN THIS SF | PACE | |
| | | | | | 3. Date Incorporated or Qualife | | | |
| | | | | | 07/08/1998 | | | ĺ |
| 2 Principal D | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Apr | olied For |
| | ace of Edsiriess | 26 | | | 45-08575 | 791 | → · · · | Applicable |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | · · · | | | \$8.75 A | dditional |
| 22 | rr, 010. | 27 | | - | 5. Certificate of Status Desired | <u> </u> | Fee Rec | |
| City & State | e | City & State | | | 6. Election Campaign Financing | , 🗆 | \$5.00 | May Be |
| 23 | | 28 | | | Trust Fund Contribution | | Added to | Fees |
| Zíp | Country | Zip | Country | | 8. This corporation owes the cu | | gible | |
| 24 | 25 | 293 | 10 | | Personal Property Tax. | | | Ľ P No |
| • | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New | Registered Ag | ent | |
| | | | 81 Nam | ie | | | | |
| AMMIRATI, JANET R | | | | et Addre | ss (P.O. Box Number is Not Accep | itable) | | |
| 7T42-SPORTSMAN-DRIVE N.LAUDERDALE FL 93068-5455 | | | | 136 | 1 NW 93rd - | Terraci | حــــــ | |
| الما للار | RODERDALE PE 38000-3433 | | 83 | | | | | |
| • | | | 84 City | $\overline{}$ | 1.15 | FL | 85 Zip C | |
| | to the provisions of Sections 607.0502 | COT 1500 Florida Statutor | the above name | | ration submits this statement for th | | | 322 registered |
| office or n | onistered agent, or both, in the State of | f Florida. Such change was aut | horized by the co | rporation | 's board of directors. I hereby acc | ept the appointm | nent as reg | jistered |
| agent. I a | m familiar with, and accept the obligation | ons of, Section 607.0505, Florid | da Statutes. | | | | | |
| SIGNATURE | | | Registered Agent signatu | iirad | utan minatating) | DATE | | ! |
| 40 | Signature, typed or printed name of registered agent OFFICERS AND | | 13. | re required | ADDITIONS/CHANGES TO O | | DIRECTO | RS IN 12 |
| 12. TITLE | OFFICERS AND | DELETE | 1.1 TITLE | \top P | resident. | | Change | Addition |
| | | | 1.2 NAME | | wet R. Ammirati | | _ • | |
| NAME | | | 1.3 STREET ADDRE | مير د د ا | 61 NW 93rd Terror | ٠ هـ | | |
| STREET ADDRESS | | | | " ′ລັ | entation, FL 33. | 205 | | į |
| CITY-ST-ZIP | | ☐ DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | + | WASHERS FC 33. | <u> </u> | Change | Addition |
| TITLE | | □ pereve | | | | | | |
| NAME | | | 2.2 NAME | | | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRE | SS | | | _ | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | +- | | | Change | Addition |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | | onlange | |
| NAME | | | 32 NAME | Į. | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRE | ss | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | | | Addition |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | ι | Change | L Addition |
| NAME | | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRE | ss · | | | | , |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | - | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | - | Ī | Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | | İ |
| STREET ADDRESS | | | 5.3 STREET ADDRE | SS | | | | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | [| ☐ 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

954-724-5463