

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
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90035 013 ***150.00

DOCUMENT # P98000061883

1. Corporation Name
JAW'S REALTY CORPORATION INC.



Principal Place of Business
4501 SOUTH OCEAN BOULEVARD
C-1
PALM BEACH FL 33480

Mailing Address
4501 SOUTH OCEAN BOULEVARD
C-1
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13899 East Citrus Drive
Suite, Apt. #, etc.
City & State
Loxahatchee, FL
Zip
33470
Country
USA

2a. Mailing Address
26 P.O. Box 1563
Suite, Apt. #, etc.
27
City & State
28 Loxahatchee, FL
Zip
29 33470
Country
30 USA

3. Date Incorporated or Qualified
07/14/1998

4. FEI Number
65-0850214

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

10. Name and Address of New Registered Agent

HAMMER, ALVIN
4501 SOUTH OCEAN BOULEVARD
C-1
PALM BEACH FL 33480

81 Name
Lance C. Fuchs, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
501 South Flagler Drive
83 Suite 305
84 City
West Palm Beach
FL
85 Zip Code
33401

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 on Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* Esq. 04/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	HAMMER, ALVIN BROKER	4501 S. OCEAN BOULEVARD C-1	PALM BEACH FL 33480	<input checked="" type="checkbox"/>
SD	ADAMS, SCOTT	4501 SOUTH OCEAN BOULEVARD	PALM BEACH FL 33480	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DP	Mary M. Johnson	13899 East Citrus Drive/P.O. Box 1563	Loxahatchee, FL 33470	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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] Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

4/19/99 561-7953851
Date Daytime Phone #

CR2E034 (11/98)