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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90298 003 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000072487

1. Corporation Name  
CLUB JADE, INC.

Principal Place of Business  
1705 EISENHOWER ST  
TALLAHASSEE FL 32313

Mailing Address  
1705 EISENHOWER ST  
TALLAHASSEE FL 32313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1998

4. FEI Number

59-3528389

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 2122 West Pensacola Street  
Suite, Apt. #, etc.

2a. Mailing Address

26 1705 Eisenhower Street  
Suite, Apt. #, etc.

City & State

23 Tallahassee, FL

Zip Country

24 32304

25 Leon

City & State

28 Tallahassee, FL

Zip Country

29 32310

30 Leon

9. Name and Address of Current Registered Agent

SWANSON, CHRISTOPHER A  
1705 EISENHOWER ST  
TALLAHASSEE FL 32313

10. Name and Address of New Registered Agent

81 Name

Christopher A Swanson

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

1705 Eisenhower Street

83

84 City

Tallahassee

FL

85 Zip Code  
32310

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 D ☐ DELETE  
NAME SWANSON, CHRISTOPHER A  
STREET ADDRESS 1705 EISENHOWER ST  
CITY-ST-ZIP TALLAHASSEE FL 32313

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 P ☒ Change ☐ Addition  
1.2 NAME Swanson, Christopher A  
1.3 STREET ADDRESS 1705 Eisenhower St  
1.4 CITY-ST-ZIP Tallahassee, FL 32310

2.1 TITLE V ☐ Change ☒ Addition  
2.2 NAME Hsieh, Timothy  
2.3 STREET ADDRESS 1705 Eisenhower St  
2.4 CITY-ST-ZIP Tallahassee, FL 32310

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:

*Timothy Hsieh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99  
Date

(850) 576-7356  
Daytime Phone #

CR2E034 (1/1/98)

0063757