02271999-90089-001-\$150.00-\$150.00

.ST IS \$550.00.

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P98000076203**1. Corporation Name

JERARD'S INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90089 001 ***150.00

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924 SOUTH FLE LAKELAND FL	ORIDA AVENUE 33903	924 SOUTH FLORIDA AVENU LAKELAND FL 33803		DO NOT WRITE IN 3. Date incorporated or Qualifed 08/18/1998		
2. Principal P	lace of Business	2a.) Maiting Address	and Alle	4. FEI Number	<u> </u>	Applied For
司 304	6 MICHIBAN AUG	28 3046 MICHIE	GAN AUE	59-3532789		Not Applicable
Suite, Apt	#. elc. SIMMEE FL	Suite, Apt. #, etc. 27 KISSIMM		5. Certificate of Status Desired	•	Additional Required
City & State		City & State	<u></u>	6. Election Campaign Financing Trust Fund Contribution	▼ .	O May Be d to Fees
20 3474	Country 14 25 OSCE OCA	Zip 34-744- [3	Country O OSCEOLA	B. This corporation owes the current ye Personal Property Tax.	er Intangible	No
<u> </u>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regist	tered Agent	
			81 Name			
Campbell, timothy f 4740 Cleveland Heights Boulevard			82 Street Address (P.O. Box Number is Not Acceptable).			
LAKI	ELAND FL 33813		83			
						- Code
			B4 City		FL 85 ZI	p Code
office or n	ranistarad enert of both in the State o	f Florida. Such change was but	nonzea by the corpor	orporation submits this statement for the purpo- ation's board of directors. I hereby accept the	appointment as	registered
	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	oa Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	ia Statutes. legistered Apent agneture req	(viried when reinstating) DA		ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable (NOTE: R	a Statutes. Registered Agent agneture req		RS AND DIRECT	
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that i am an officer or director of the corporation or the receiver or trustee employered 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 add/ess, with all other like empowered.