**PROFIT** CORPORATION



## FLORIDA DEPARTMENT OF STATE

\*\*\*

... Katherine Harris Secretary of State

**DIVISION OF CORPORATIONS** 

## ANNUAL REPORT 1999 DOCUMENT # P98000096659

JAFFE OF WESTON, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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18999 BISCAYNE BLVD.

AVENTURA FL 33180

Mailing Address

18999 BISCAYNE BLVD. AVENTURA FL 33180

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

29

Country

9. Name and Address of Current Registered Agent

25

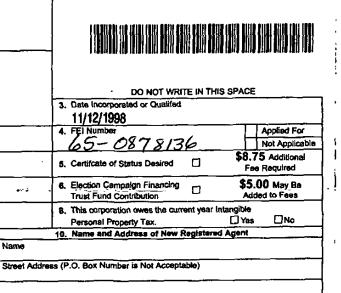
CITY NATIONAL BANK BUILDING 2701 LE JEUNE ROAD, SUITE 404

GOLDMAN, BRUCE J

**CORAL GABLES FL 33134** 

## **FILED** Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90074 021 \*\*\*150.00



Zip Code

== 53

85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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.

83

Country

Name

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature re	quired when reinstating)	DATE	
12,	OFFICERS AND DIRECTORS		13.	3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	0	DELETE	1.1 TITLE		Change	☐ Addition
NAME	JAFFE, NORMAN S		1.2 NAME			
STREET ADDRESS	18999 BISCAYNE BLVD.		1.3 STREET ADDRESS		•	
CITY-ST-ZIP	AVENTURA FL 33180		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		Change	Addition
NAME	JAFFE, GARY F		22 NAME			
STREET ADDRESS	18999 BISCAYNE BLVD.		2.3 STREET ADDRESS			
CITY-ST-ZIP	AVENTURA FL 33180		2.4 City-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME .	JAFFE, EMERY D	2	3.2 NAME	•	<del></del> ,	
STREET ADDRESS	18999 BISCAYNE BLVD.		3.3 STREET ADDRESS			
CITY ST-ZIP	AVENTURA FL 33180		3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME		•	4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		•	
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	51 TITLE		Change	☐ Addition
NAME	J		5.2 NAME			
STREET ADDRESS	J		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TILE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<u></u>		
14. I hereby certify that the Information supplied with this flips 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 ceth; 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 attackment with an address, with all entire like empowered.

SIGNATURE: