FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000106587

J.C. WEAR INC

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90056 004 ***150.00

OIOI WES	11, 1110												
Principal Place of Business		Mailing A	Mailing Address						•••••	•,			
1981 NEPTUNE DR. ENGLEWOOD FL 34223			1981 NEPTUNE DR. ENGLEWOOD FL 34223					-					
		ENGLEWOO						DO NOT WRITE IN THIS SPACE					
							ŀ	3. Date Incorporated or Quali				· -	l
								12/21/1998					l
2 Principal P	lace of Business	2a. Mailin	a Address	<u> </u>				4. FEI Number			t Ar	plied For	l
2. Principal Place of Business		26					Ì				 	t Applicable	l
Suite, Apt. #, etc.			Suite, Apt. #, etc.							,	\$8.75	Additional	l
22		27	27					5. Certificate of Status Desire	: [J	Fee R	equired .	
City & State			City & State					6. Election Campaign Financi	ng _		\$5.00	May Be	l
23		28	28					Trust Fund Contribution	''g [1	Added	to Fees	l
Zip Country		Zip	1				1	8. This corporation owes the	current	year Inta	ngible	_	ĺ
24	25	29		30				Personal Property Tax.			☐Yes	₽ 1√10	
<u></u>	9. Name and Address of Cur	rrent Registered	Agent					10. Name and Address of No	w Reg	stered #	\gent		
					81	Name		•					ĺ
	IER, HARRY W				82	Street	Address	s (P.O. Box Number is Not Acc	eptable)			
1981 NEPTUNE DR.										,			
ENGI	EWOOD FL 34223				83								l
					0.4	Oit.					85 Zip	Code	1
					84	City				FL	63 Zip	0000	l
office of	to the provisions of Sections 607 egistered agent, or both, in the Str m familiar with, and accept the ob	ate of Florida. Suc digations of, Section	h change was a in 607.0505, Flo	utnonze rida Stat	a by tutes.	the corpo	oration	s board of directors. I hereby a	жері і	DATE	Iment as re	gistered	
12.		AND DIRECTOR				t anglication		ADDITIONS/CHANGES TO	OFFIC	ERS AN	DIRECTO	RS IN 12	3
TITLE	OFFICERS AND DIRECTORS 13.		ITLE		0	/T		-	Change	Addition	13		
NAME				1.2 NAJ		140		my w. Thame	r				; ا
STREET ADDRESS				135	TREET	ADDRESS		181 hoptune					}
-					ITY-SI			islewood :Flori	کھر	<i>"</i> અપ	३२३		3
CITY-ST-ZIP TITLE			DELETE	2.1 TITLE			UF	ণ্ড			Change	Addition	3
NAME				2.2 NAME				chorte M. The	~~	2. C			
			2.3 S	2.3 STREET ADDRESS			BI Nobure		.~			-	
STREET ADDRESS					CITY-S		En	gloward Flori	كم	34	2 23		
CITY-ST-ZIP TITLE			☐ DELETE	3.1 T				<u> </u>			☐ Change	☐ Addition	ļ
NAME				3.2 N	IAME								
STREET ADDRESS				335	TREET	ADDRESS							l
CITY-ST-ZIP					CITY-S								
TITLE			☐ DELETE	4.1 T			-				Change	☐ Addition	1
NAME			4.21		NAME								1
STREET ADDRESS						TADDRESS							
CITY-ST-ZIP					ITY-S								1
TITLE			DELETE	5.1 T			†				☐ Change	Addition	1
NAME							1						1
STREET ADDRESS				5.2 N	AME			,	_		•		1
CITY-ST-ZIP	1				IAME	T ADDRESS		1	,	•	•		
GHT FOIT ZIF				5.3 S	IAME			,	•	•			
TITLE			☐ DELETE	5.3 S	IAME STREET			,			☐ Change	Addition]
TITLE			☐ DELETE	5.3 S 5.4 C 6.1 T	IAME STREET			,			☐ Change	Addition	
TITLE NAME STREET ADORESS			☐ DELETE	5.3 S 5.4 C 6.1 T 6.2 N	IAME STREET CITY-S' TILE IAME						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 or an attachment with empowered.

SIGNATURE:

THE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/99 94/- 475-711 Date Dayline Phone # :R2E034 (11/98)