| 1996   | NUAL REPORT Secrete  1996 DIVISION OF                                      |   | RIMENT OF STATE  3. Mortham ry of State CORPORATIONS   |                   |   |                   |   |   |
|--|--|---|--|-------------------|---|-------------------|---|---|
| OCUMENT #  | S01790   | (2)   |  |                   |   |                   |   |   |
| JASON BROTHERS EN  | NTERPRISES, INC.   |   |  |                   |   |                   |   |   |
| Principal Place of Business Mailing Address  |  |   |  |                   |   |                   |   |   |
| 4510 NORTH OCEAN DRIVE<br>HOLLYWOOD FL 33019   | 45   | 110 NORTH OCEAN D<br>DLLYWOOD FL 33019        |  |                   |   |                   |   | 01411 9:1411 1841   |
| District Division 1  |  |   |  |                   | 3. Date Incorporated or Qualified 09/24/1990                                    |                   | of Last F<br>2/04/19                              | ,   |
| Principal Place of Business  | 2a. 1  | Mailing Address                               |  |                   | 4. FEI Number<br>65-0259937   | L                 |   | Applied For   |
| Suite, Apt. #, etc.  | 27   | Suite, Apt. #, etc.                           | - 415  |                   | 5. Certificate of Status Desired  |                   | \$8.75  | Not Applicable  Additional                                      |
| City & State   |  | City & State                                  |  |                   | 6. Election Campaign Financing  |                   | \$5.0   | Required  May Be  |
| Zip Coun   | try  | /ip   | Country  |                   | Trust Fund Contribution  8. This corporation has liability for                  | intangible ta     |   | d to Fees<br>199.032,   |
|  | 29 ress of Current Registe   | red Agent                                     | 30   |                   | Florida Statutes Yes  10. Name and Address of New F                             | No Registered     | Agent   |   |
| JASON, ERIC  |  |   |  | ame               |   |                   |   |   |
| 4510 N. OCEAN DRIVE  |  |   |  | reet Addre        | ss (P.O. Box Number is Not Acceptat   | ole)              |   |   |
| HOLLYWOOD FL 33019   |  |   | 83   |                   |   |                   |   |   |
| Dura and to the off visions of O   | 1  |   | <b>84</b> Ci   | •                 |   | FL                |   | p Code  |
| or registered agent, or both, in the familiar with, and accept the oblig   | tions 607.0502 and 607.<br>State of Florida Such of State of Socion 607.05 | 1508, Florida Statute:<br>hange was guthorize | s, the above name  | ed corporat       | tion submite this statement for the nu  | coose of ohe      | naino ite r                                       | eaistered office  |
|  |  | On FloridaeStatutes                           | or by the corporati  | on's board        | of directors. Thereby accept the app  | ointment as       | registered  | agent. Lam  |
| GNATURA  |  |   |  |                   | tion submits this statement for the pu<br>of directors. I hereby accept the app | ointment as       | registered  | agent. Lam  |
| Signature typed or print in in   | e of registried agent and little if app<br>OFFICERS AND DIRECTO            | licable (NOT<br>DRS                           | E Registered Agent sign  |                   | when reinstating)   | DATE DATE         | ///   | <u> </u>  |
| Synature typed or print in the LE PSTD   | e of registrated agent and little if app                                   | licable (NOT                                  | t Rujistered Agent sign  |                   |   | DATE<br>ICERS AND | ///   | <u> </u>  |
| Signature typed or drive Ani  LE PSTD  ME JASON, ERIC  4510 NORTH OC   | e of registrated agent and the it app<br>OFFICERS AND DIRECTO<br>CEAN DR.  | licable (NOT<br>DRS                           | F Registered Agent sign  | ature required v  | when reinstating)   | DATE<br>ICERS AND | DIREC10   | PRS IN 12   |
| Superior typed or Disputation  Superior typed or Disputation  But PSTD  JASON, ERIC  4510 NORTH OCH HOLLYWOOD FL   | e of registrated agent and the it app<br>OFFICERS AND DIRECTO<br>CEAN DR.  | icable (NOT<br>DRS                            | 13. 1 1 TITLE 1.2 NAME 1.3 STREEL ADDR   | ature required v  | when reinstating)   | DATE<br>ICERS AND | DIREC10   | PRS IN 12   |
| Signature typed or drive Ani  LE PSTD  ME JASON, ERIC  4510 NORTH OC   | e of registrated agent and the it app<br>OFFICERS AND DIRECTO<br>CEAN DR.  | licable (NOT<br>DRS                           | 13. 13.11/1/LF 12. NAME 1.3. STREEL ADDR 1.4. CHY-S1-ZIP 2.1.11/LE   | ature required v  | when reinstating)   | DATE<br>ICERS AND | DIREC10   | PRS IN 12   |
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