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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S01903

(1)

Mailing Address

JERRY & JOE'S MARKETPLACE, INC.

FILED Apr 04 1997 8:00am Secretary of State



3855 NORTHLAKE BLVD. PALM BCH GARDENS FL 33410		3855 NORTHLAKE BLVD. PALM BCH GARDENS FL 33403-1502							
					3. Date incorporated or Qualified				
	lace of Business	2a. Mailing Address			T1.11.	4. FEI Number	<u> </u>		Applied For
21		26				65-0219873			Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	9	City & State				Election Campaign Financing     Trust Fund Contribution			00 May Be led to Faes
Zip 24	Country 25	Z <sub>ip</sub>	Country 30			8. This corporation has liability for i	ty for intangible tax under s. 199.032,		
24	9. Name and Address of Curren		1301	1		10. Name and Address of New Re			
	LUSI, JOSEPH M. 5 NORTHLAKE BLVD.		******	81 82		ress (P.O. Box Number is Not Acceptab			
	M BEACH GARDENS FL 33410			83	Silber Add	Tess (r.O. Box Northber is Not Acceptab			
				Ш					
				84	City		FL	85 7	Zip Code
SIGNATURE -	Signative hypochia pented name of registered ago	ent and little if applicable (NC	OTE: Registere			poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstating)	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE   NAME	SCALISI, ANTHONY, JR.	☐ DELETE	1.1 T) 1.2 N		}		l	Chan	nge Addition
STHEFT ADDRESS	3855 NORTHLAKE BLVD.				ADDRESS				
CITY-ST-ZiP	PALM BCH. GARDENS FL			ITY - S	· I				
TOLE	ST	DELETE	2.1 (					Chan	nge Addition
NAME	SCALISI, JOSEPH M.		2.2 N	AME					
STREET ADDRESS	3855 NORTHLAKE BLVD.		2.3 5	TREET	ADDRESS				
CITY - ST - ZIP	PALM BCH. GARDENS FL	DELETE	··		ST-ZNP			Chan	nge Addition
TITLE NAME		E DECEIE	3.1 Ti 3.2 N				l	CHRII	iBe 🗂 witnitiou
STREET ADDRESS					ADDRESS				
CITY-S1-ZIP					ST-ZIP				
TOLE		DELETE	4 1 Ti					Chan	nge Addition
NAME			4.2 6	MAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY+ST+7IP		T DELETE		ITY-S	T-ZIP			الم الم	100 Add:::-
TITLE		DELETE	5.1 TI					Chan	nge Addition
NAME exercis approved			1	AME TOFFE	ì				
STREET ADDRESS					ADDRESS				
CITY - ST - 7IP TITLE		DELETE	5.4 G 6.1 Ti		T-ZIP			Chan	nge Addition
NAME		_ occit	62 N		Ì		•		- British - State - College
STREET ADDRESS					ADDRESS				
5111(1.766)1111)				TV P					

14. I do 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.

SIGNATURISAND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

1-1-97

561-624-2299 Daytime Phone