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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S01903

JERRY & JOE'S MARKETPI ACE, INC.

(1)

## FILED Apr 15 1998 8:00am Secretary of State

<b>52</b> 11111					
Principal Place of Business Mailing Address  3855 NORTHLAKE BLVD.  PALM BCH GARDENS FL 33410 PALM BCH GARDENS FL 33410					
				DO NOT WRITE IN TH	HIS SPACE
	·			<ol> <li>Date Incorporated or Qualified</li> <li>09/25/1990</li> </ol>	
—	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0219873	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$6.75 Additional Fee Required
City & State		City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Register	red Agent
	ALISI, JOSEPH M.		Name		
3855 NORTHLAKE BLVD. PALM BEACH GARDENS FL 33410				dress (P.O. Box Number is Not Acceptable)	
ra	LM DEACH GARDENS IL 334 IL	,	83		
			84 City	5	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ries, the above-named co	orporation submits this statement for the purpos	se of changing its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblic	e of Florida. Such change was setions of, Section 607,0505. F	authorized by the corpo	ration's board of directors. I hereby accept the	appointment as registered
SIGNATURE		,			
	Signature, typed or printed name of registered ag		OTE: Registered Agent signature re-		
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	SCALISI, ANTHONY, JR.	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	3855 NORTHLAKE BLVD.		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	PALM BCH. GARDENS FL		1.3 STREET ADDRESS 1.4 City-St-Zip		
TITLE	ST	DELETE	2.1 TITLE		Change Addition
NAME	SCALISI, JOSEPH M.	<del></del>	2.2 NAME		
STREET ADDRESS	3855 NORTHLAKE BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH. GARDENS FL		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T1 x2.2	3.4. CITY-ST-ZIP		Donas Dage
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP TITLE		DELETE	4.4 CITY+ST-ZIP 51 TITLE		Change Addition
NAME			5.2 NAME	. 1	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		{
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
<ol><li>14. I hereby d</li></ol>	ertify that the information supplied v	vith this filing does not qualify:	for the exemption stated	in Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the information

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 suppliemental 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.

SIGNATURE:

TUPE AND EPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECT

Daytime

• 0310235