PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # S09647

1. Corporation J&R SYS	TEMS CORPORATION									
Principal Place of Business Mailing Address								i immirate fil mille fille diezi dinit zwei greit ete	*) #1811 8181	
3341 N DIXIE HWY. POMPANO BEACH FL 33064 3341 N DIXIE HWY. POMPANO BEACH FL 33064										
	•							DO NOT WRITE IN THIS S	SPACE	
							3.	Date Incorporated or Qualifed 10/10/1990		
2. Principal Pl	ace of Business	2a.	Mailing Address				4.	FEI Number	-	pplied For
21	•	26						65-0224430		lot Applicable
Suite, Apt. :	#, etc.	27	Suite, Apt. #, etc.				5.	Certificate of Status Desired	•	Additional Required
City & State	9	28	City & State				6.	Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country		Zip	Countr	У		8.	This corporation owes the current year Inta	ngible	N.
24	25 29 30								☐ Yes	√ ∑ No
	9. Name and Address of Curren	t Regis	tered Agent				10.	Name and Address of New Registered A	gent	
				8	1	Name				
ROMANO, RONALD J 3341 N DIXIE HWY				8:	82 Street Address (P.O. Box Nur			P.O. Box Number is Not Acceptable)		
POMPANO BEACH FL 33064				8:	3			-		
					4	City			[85 Zip	Code
				8-		City		FL.	'	
agent. I ai	m familiar with, and accept the obliga	uons oi	, section 607.0505, Florid	a Statute				on submits this statement for the purpose of cloard of directors. I hereby accept the appoin	hanging i tment as	ts registered registered
	Signature, typed or printed name of registered agen				ent:	signature requ		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	OPS IN 12
12.	OFFICERS AN	D DIKE	DELETE	13.				ADDITIONS/CHANGES TO OFFICERS AND	Change	
TITLE	_									
NAME	ROMANO, RONALD J.			1.2 NAME 1.3 STREET ADDRESS						į
STREET ADDRESS	3341 N DIXIE HWY.					- 1				
CITY-ST-ZIP	POMPANO BEACH FL 33064				1.4 CITY-ST-ZIP 2.1 TITLÉ				Change	Addition
TITLE	-				2.2 NAME					
NAME	ROMANO MARYLIN 3341 N DIXIE HWY.			2.3 STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	POMPANO BEACH FL			2.4 City-ST-ZIP						
TITLE	☐ DELETE				3.1 TITLE				☐ Change	e ☐ Addition
NAME				3.2 NAME	=					
STREET ADDRESS				3.3 STRE	ET/	ADDRESS				
CITY-ST-ZIP				3.4. CITY	-ST	r-ZIP				
TITLE	DELETE 4.				4.1 ππLE				Change	Addition Addition
NAME				4. 2 NAM	Е					1
STREET ADDRESS				4.3 STRE	ĘΤ	ADDRESS				ţ
CITY-ST-ZIP				4.4 CITY-	ST-	- ZIP				
TITLE			☐ DELETE	5.1 TITLE					Change	Addition
NAME				5.2 NAME	•					1

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 on an attachment with an address with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY+ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER BEDIRECTOR

DELETE

4/14/9

Daytime Phone #

Addition

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90083 017 ***150.00

2E034 (11/98)