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

PROFIT
CORPORATION
ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S09827

(4)

J-W-S CONSULTANTS, INC.

**FILED** 

Apr 16 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address

6481 NORTHWEST 30TH AVENUE 6481 NORTHWEST 30TH AVENUE

BOCA RATON FL 33496 BOCA RATON FL 33496

BOCA RATON FL 33496		BOCA RATON FL 33496		DO NOT WRITE IN THIS S	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 10/31/1990		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			06-1211346		lot Applicable
Suite, Apt.	#, etc.	Suite. Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00	D May Be
23		28			Trust Fund Contribution	Addec	to Fees
<sup>Zip</sup>	Country	Zφ	Cou	ntry	8. This corporation owes or has paid the curr		
24	25	29	30		Personal Property Tax due June 30.  10. Name and Address of New Registered A		∐ No
	9. Name and Address of Curren	i Hegisterea Agent		B1 Name		Bein	
	AVOJE, JEFFREY W.			14ditte			
	181 NORTHWEST 30TH AVENUE DCA RATON FL 33496			<b>62</b> Stree	t Address (P.O. Box Number is Not Acceptable)		
DC	JUA RATUN FL 33490			B3			
			Ī	<b>84</b> City	FI	<b>85</b> Zip	Code
office or I	to the provisions of Sections 607.050, registered agent, or both, in the State am familiar with, and accept the obliga	of Etorida, Such change was	authorized	d by the co	d corporation submits this statement for the purpose of prporation's board of directors. I hereby accept the appointment of the purpose of th	changing sintment a	its registered is registered
SIGNATURE	Signature, typed or portled have of registered age	et and the if applicable (NO	TE: Registered	I Agent signate	re required when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 [1]	LE		Change	Addition
NAME	SAVOIE, JEFFREY W.		1.2 NA	ME			
STREET ADDRESS	6481 NW 30TH AVE.		1.3 ST	reet address			
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CI	IY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 111			∐ Change	Addition
NAME	SAVOIE, MARIA I.		2.2 NA	ME			
STREET ADDRESS	6481 NW 30TH AVE.		2.3 \$1	REET ADDRESS	• • • • • • • • • • • • • • • • • • • •		
CITY-ST-ZIP	BOCA RATON FL			TY-ST-ZIP			1111111
TITLE	D D D D D D D D D D D D D D D D D D D	DELETE	3.1 TIT			Change	Addition
NAME	SAVOIE, WILLIAM S.		3.2 NA				
STREET ADDRESS	8481 NW 30TH AVE.			REET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL	Drugge		TY-ST-ZIP		Change	Addition
TITLE	SAVOIE, JEFFREY M.	☐ DELETE	4.1 1)1			LL Criarige	L. AUUIIOII
NAME PROSET ADDRESS	2108 BRIDGEWOOD DR		4. 2 N				
STREET ADDRESS	BOCA RATON FL			REET ADDRESS	·		
CITY-ST-ZIP TITLE	DOM INIONIE	□ DELETE	5.1 TIT	IY-ST-ZIP		Change	Addition
NAME		otter	5.1 III			Similar	
STREET ADDRESS				me Reet address			
				KEET ADDHESS [Y-ST-ZIP	'		
CITY-ST-ZIP TITLE		DELETE	6.1 TIT	<del></del>		Change	Addition
NAME		En perett	6.2 NA				
				imil Reet address	,		
STREET ADDRESS				KEET AUUHESS	`		

14. Thereby 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.