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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # \$2320 \$ JARKESY, P.A.	9 (7)			144 1114 1114 1114 1111 1144 1411
Principal Place	of Business	Mailing Address			II ON BURNER BURNER BURNER BURNER
1872 SW 17TH ST. BOCA RATON FL 33486		1872 SW 17TH ST. BOCA RATON FL 33486-8517			
				, , , , , , , , , , , , , , , , , , , ,	a, Date of Last Report 02/20/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt :	#, etc.	Suite, Apt. #, etc.		65-0240361	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & Stato		6. Election Campaign Financing	\$5.00 May Be
23] Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for intang Florida Statutes	gible tax under s. 199.032. □ No
	9. Name and Address of Curre		30	10, Name and Address of New Registe	
JAR	KESY, JILL A.		81 Name		
1872	SW 17TH STREET		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
BOC	A RATON FL 33486				
			83		
			84 City		85 Zip Code
office or re agent. Lar SIGNATURE	o the provisions of Sections 607.056 egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida Such change was lations of, Section 607.0505, F	authorized by the corporat lorida Statutes.	oration submits this statement for the purpo- ion's board of directors. I hereby accept the	appointment as registered
12.		ID DIRECTORS	TE: Registered Agent signature requir	ed when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	
THE	PSD	☐ DELETE	1.1 TITLE		Change Addition
NAME	JARKESY, JILL A.		1.2 NAME		
STREET ADORESS	1872 S.W. 17TH STREET		1.3 STREET ADDRESS		
C(TY+ST-Z(F TITEF	BOCA RATON FL 33486	DELETE	1.4 CITY - ST - ZIP		Change Addition
NAME		La becel	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIF			2. 4 CITY-ST-ZIP		
TIRLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7IP		DOLLETE	3.4. CITY-ST-ZIP		
TITLE NAME		LJ DELETE	4.1 TITLE		☐ Change ☐ Addition
STREET ADORESS			4. 2 NAME 4.3 STREET ADDRESS		
CHY-S*-ZIP			4.4 CITY-ST-ZIP	•	
THE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CHY-ST-ZP		DELETE	5.4 CITY-ST-ZIP		Chance Lader
NAME .		TT DETEIL	61 TITLE		Change Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY+SI+ZIP			6.4 CITY-ST-ZIP		
14, I do hereb information I am an of	i indicated on this annual report or s	supplemental annual report is rithe receiver or trustee empo	lify for the exemption stated true and accurate and that wered to execute this repor	in Section 119.07(3)(i), Florida Statutes. I fu my signature shall have the same legal effet t as required by Chapter 607, Florida Statute	ct as if made under oath: that

SIGNATURE:

(561)392-8762

FILED

Apr 03 1997 8:00am

Secretary of State