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Mar 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1997

DOCUMENT # **S24434**

(0)

1. Corporation Name  
**JAVERLEY, INC.**



Principal Place of Business

**3046 NW 63RD ST  
BOCA RATON FL 33496**

Mailing Address

**3046 NW 63RD ST  
BOCA RATON FL 33496-3308**

3. Date Incorporated or Qualified

**01/11/1991**

3a. Date of Last Report

**04/01/1996**

4. FEI Number

**65-0242908**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**CAPLAN, MURRAY  
3046 N.W. 63RD ST  
BOCA RATON FL 33496**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of officer, director, or registered agent required when reinstating)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
**CAPLAN, MURRAY**  
STREET ADDRESS  
**3046 N.W. 63RD ST**  
CITY-ST-ZIP  
**BOCA RATON FL**

1.2 TITLE ☐ DELETE

NAME  
**DVS**  
STREET ADDRESS  
**CAPLAN, MURRAY**  
CITY-ST-ZIP  
**3046 N.W. 63RD ST**  
CITY-ST-ZIP  
**BOCA RATON FL**

1.3 TITLE ☐ DELETE

NAME  
**CAPLAN, MURRAY**  
STREET ADDRESS  
**3046 N.W. 63RD ST**  
CITY-ST-ZIP  
**BOCA RATON FL**

1.4 TITLE ☐ DELETE

NAME  
**CAPLAN, MURRAY**  
STREET ADDRESS  
**3046 N.W. 63RD ST**  
CITY-ST-ZIP  
**BOCA RATON FL**

1.5 TITLE ☐ DELETE

NAME  
**CAPLAN, MURRAY**  
STREET ADDRESS  
**3046 N.W. 63RD ST**  
CITY-ST-ZIP  
**BOCA RATON FL**

1.6 TITLE ☐ DELETE

NAME  
**CAPLAN, MURRAY**  
STREET ADDRESS  
**3046 N.W. 63RD ST**  
CITY-ST-ZIP  
**BOCA RATON FL**

1.7 TITLE ☐ DELETE

NAME  
**CAPLAN, MURRAY**  
STREET ADDRESS  
**3046 N.W. 63RD ST**  
CITY-ST-ZIP  
**BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/97

561 241-4470

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CR2034 (9/96)