

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90003 050 ***150.00

DOCUMENT # S39363 (4)

1. Corporation Name

JAKKIE REALTY CORP.

Principal Place of Business

Mailing Address

6175 N.W. 153rd Street
Suite 215
Miami Lakes, FL 33014

6175 N.W. 153rd Street
Suite 215
Miami Lakes, FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/18/1991

2. Principal Place of Business

2a. Mailing Address

21 6175 N.W. 153rd St.

26 6175 N.W. 153rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 312

27 Suite 312

City & State

City & State

23 Miami Lakes, FL

28 Miami Lakes, FL

Zip Country

Zip Country

24 33014 25 US

29 33014 30 US

4. FEI Number

65-0257246

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Evans, Sheldon P.A.

6175 N.W. 153rd Street

Suite 215

Miami Lakes, FL 33014

81 Name Evans, Sheldon P.A.

82 Street Address (P.O. Box Number is Not Acceptable)
6175 N.W. 153rd Street

83 Suite 312

84 City Miami Lakes, FL 85 Zip Code 33014

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME Amkie, Jack
STREET ADDRESS 6175 N.W. 153rd Street, Ste. 2
CITY-ST-ZIP Miami Lakes, FL 33014

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Amkie, Jack
1.3 STREET ADDRESS 6175 N.W. 153rd Street, Ste. 312
1.4 CITY-ST-ZIP Miami Lakes, FL 33014

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK AMKIE, DIRECTOR

4/14/99
Date

Daytime Phone #

CR2E034 (11/98)