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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S51933

(7)

JARVICO, INC.

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Mailing Address

FILED Feb 11 1997 8:00am Secretary of State

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| HOLLYWOOD F | | 2048 MCKINLEY STREET. #7 HOLLYWOOD FL 33020-3119 | | | | |
|-----------------|---|---|------------------------------------|--|--|--|
| | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report | |
| | | | | 05/03/1991 | 02/13/1996 | |
| | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 Suite Apt. | | 26 | | 65-0274068 | Not Applicable | |
| | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 22 City & State | | 27 | | b. Certificate of Status Desired | Fee Required | |
| | е | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 Zip | | 28] | T | Trust Fund Contribution | Added to Fees | |
| | Country | Zip | Country | 8. This corporation has liability for | | |
| 24 | 25 9. Name and Address of Curre | 29 Anni Registered Agent | [30] | Florida Statutes | Yes No | |
| IADI | VIS. SUZANNE COSTAN | ant wahistalen whent | 81 Nam | 10. Name and Address of New Registered Agent | | |
| |) WO OCEAN BLVD | | | JHEVI) SOZMWE | <i>C</i> | |
| | SE " | | 82 Stree | et Address (P.O. Box Number is Not Acceptal | ble) | |
| | IPANO BCH FL 33062 | | 83 | MENDOTTI CHILL | | |
| 100 | WANTE BOTT I E GOODE | | | | | |
| \$ 2. | * | | 84 City | EA RANCH LAKES | FL 85 33300 | |
| 11. Pursuant | to the provisions of Sections 607.05 | 02 and 607,1508, f lorida Statut | es. the above-name | ed corporation submits this statement for the | purpose of changing its registered | |
| office or r | registered agent, or both, in the States temiliar with and account the obline | te of Florida, Such change was a | authorized by the c | ed corporation submits this statement for the perpendion's board of directors. I hereby acce | pt the appointment as registered | |
| 7 1 | art arraial with, and accept the oblig | galions of, aschort our loods, i k | ontra Statutes. | | | |
| SIGNATURE | Signature, typed or printed name of registered e | gent and little if applicable. (NOT | E: Registered Agent signal | lure required when reinstating) | DATE | |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | | |
| TITLE | DP | ☐ DELETE | 1.1 TOLE | | ☐ Change ☐ Addition | |
| NAME | JARVIS, PETER C. | | 1.2 NAME | | | |
| STREET ADDRESS | 2046 MCKINLEY ST, BAY #7 | | 1.3 STREET ADDRES | SS | Į (| |
| CITY-ST-ZIP | HOLLYWOOD FL | | 1.4 CITY - ST - ZIP | | | |
| TITLE | DVP | ☐ DELETE | 2.1 TITLE | | Change Addition | |
| NAME | JAFFY, TODD 2048 MCKINLEY ST, BAY #7 | | 2.2 NAME | | ļ | |
| STREET ADDRESS | HOLLYWOOD FL | | 2.3 STREET ADDRES | SS | ļ | |
| CITY-ST-ZIP | 8 | DELETE | 2. 4 City - ST - ZIP | | Change Addition | |
| TITLE | JAFFY, GREGG | C becel | 3.1 TITLE | } | Change Addition | |
| WAME | 2046 MCKINLEY ST, BAY #7 | | 3.2 NAME | | i | |
| STREET ADDRESS | HOLLYWOOD FL | | 3.3 STREET ADDRES | 58 | ł | |
| CITY-ST-ZIP | INCLINACIE | T DELETE | 3.4. CITY - \$1 - ZIP 4.1 TITLE | | Change Addition | |
| NAME | | [] MAGE | 4.2 NAME | | C Clouds T Logues | |
| STREET ADDRESS | | | 4.3 STREET ADDRES | · · | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST- ZIP | 20 | ļ | |
| THLE | \ <u></u> | DELETE | 5.1 TITLE | | Change Addition | |
| SNAME | | | 5.2 NAME | } | | |
| STREET ADDRESS | , | | 5.3 STREET ADDRES | 22 | ~ \(\lambda \cdot \lambda \lam | |
| CITY-ST-ZIP | | | 5.4 CITY - ST- ZIP | ~ | C 2/1/ | |
| TITLE | | DELETE | 6.1 101.6 | 60000208 | Ehange Addition | |
| NAME | | | 62 NAME | -02/12/97010 | 85030 | |
| STREET ADDRESS | | | 63 STREET ADDRES | 1 | THE PERSON NAME AND THE PE | |
| CITY-ST-ZIP | | | 6.4 CITY - ST - ZIP | The state of the s | ļ | |
| VIII VITEI | | | 0/4 2/11 - 2/1 - £/1 | | | |

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 logal 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.