PROFIT. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$51933

1. Corporation Name JARVICO, INC.

FILED Jul 19, 1999 8:00 am Secretary of State

07-19-1999 90012 043 ***150.00

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Principal Plac	e of Business	Mailing Address		T 1 (\$2)(\$10 (3) (\$1)(\$1 (3)(\$1)(\$1)(\$1)(\$1)	4 GISTE GESTE SIBLE SIBLE SIBLE BIOLI 1481	
2046 MCKINLEY STREET, #7 2046 MCKINLEY		2046 MCKINLEY STREET.	#7		•	
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020			DO NOT WRITE IN	THIS SPACE		
	•			3. Date Incorporated or Qualifed	TITIS SPACE	
				05/03/1991		
2 Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0274068	Not Applicable	
Suite, Apt. #, etc:		Suite, Apt. #, etc.			\$8.75 Additional	
22		27	سهيومورستين بهيد ۽ بيٽر ريت ۽ سيت	5.≠ Certifcate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip .	Country	8. This corporation owes the current ye		
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Curren	t Registered Agent	04 25	10. Name and Address of New Regis	tered Agent	
IAD	ARC CUTANNE COCTAN		81 Name	•		
JARVIS, SUZANNE COSTAN 6 MENDOTA LANE			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
	RANCH LAKES FL 33308		83		· · · · · · · · · · · · · · · · · · ·	
مكد	. NATION ENICO I E SOCIO		83			
			84 City		FL 85 Zip Code	
		O and 507 4509 Florida State	too the above named com	poration submits this statement for the purp		
office or r	registered agent, or both, in the State (of Florida. Such change was a	authonzed by the corporation	on's board of directors. I hereby accept the	appointment as registered	
agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, FI	orida Statutes.			
SIGNATURE	Stonature, typed or printed name of registered agen	NOT	E: Registered Agent signature required	of when reinstating).	ATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition	
NAME	JARVIS, PETER C.		1.2 NAME		•	
STREET ADDRESS	AND MOUNTEY OF DAY 47	•	1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP			
TITLE	DVP	DELETE	2.1 TITLE 1	VP	☐ Change	
NAME	JAFFY, TODD		2.2 NAME S	SUZAWNE SHEVY	•	
STREET ADDRESS	2046 MCKINLEY ST, BAY #7_	.	2.3 STREET ADDRESS	6 MBUDOTH LAVE	-7	
CITY-ST-ZIP	HOLLYWOOD FL	\ /	2.4 CITY-ST-ZIP	SUZAWNE JARVIS 6 MBNDOTH LANG 6 CHA RAWH CAKES F	८ 333 08	
TITLE	S	DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	JAFFY, GREGG	/`	3.2 NAME			
STREET ADDRESS	2046 MCKINLEY ST, BAY #7	•	. 3.3 STREET ADDRESS	•		
CITY-ST-ZIP						
TITLE	HOLLYWOOD FL		3.4. CITY-ST-ZIP			
		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
NAME		DELETE		, .	☐ Change ☐ Addition	
NAME STREET ADDRESS	HOLLYWOOD FL	☐ DELETE	4.1 TITLE	, .	☐ Change ☐ Addition	
	HOLLYWOOD FL		4.1 TITLE 4. 2 NAME	, .		
STREET ADDRESS	HOLLYWOOD FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	, .	Change Addition	
STREET ADDRESS CITY-ST-ZIP	HOLLYWOOD FL		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	, .		
STREET ADDRESS CITY-ST-ZIP TITLE	HOLLYWOOD FL		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	, .		
STREET ADORESS CITY-ST-ZIP TITLE NAME	HOLLYWOOD FL		4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	HOLLYWOOD FL		4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOLLYWOOD FL	☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality 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 occurate 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 eport 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.

4 CITY+ST-ZIP

754921113



July 2, 1999

Division of Corporations Annual Reports Filings PO Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

Jarvico, Inc and Jarvico II, Inc received notification that you have not received our documents and checks for the 1999 Profit Corporation Annual Report as of the date of this letter. We are writing this letter to notify you that we did send in this paperwork along with two checks totaling \$300 on February 15, 1999.

After reviewing our records, we show the checks that were sent to you in February still remain unpaid. We are concerned that this delay in mail service will cost us \$550 for each corporation name filed with you.

We are including a copy-of the original paperwork that was mailed to you along with two new checks totaling \$300.

Please accept these documents and notify us if there are any problems. You can contact us at 954-921-1113.

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President

Thank you