

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY -1 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S65634** (5)

1. Corporation Name
JACKIE C. INC.

Principal Place of Business: **18401 US 19 HUDSON FL 34667 US**
Mailing Address: **1282 DELTONA BLVD SPRING HILL FL 34606 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/08/1991** 3a. Date of Last Report: **04/11/1994**
4. FEI Number: **59-3074786** Applied For: Not Applicable:
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fee
7. 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. 24 Country. 25 Country. 26 Mailing Address: 27 State Apt. #, etc. 28 City & State. 29 Zip. 30 Country.

9. Name and Address of Current Registered Agent
**FCUPAIUOLO, DANTE, SR.
1282 DELTONA BLVD.
SPRING HILL FL 34606**

10. Name and Address of New Registered Agent
81 Name: **Danielle Nicole Benoit**
82 Street Address (P.O. Box Number is Not Acceptable): **1293 Deltona Blvd**
83 City: **Spring Hill**
84 State: **FL** 85 Zip Code: **34606**

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 607.1505, Florida Statutes.

SIGNATURE: **Danielle Nicole Benoit** 3-10-95

12. OFFICERS AND DIRECTORS

1101 NAME	PVS CUPAIUOLO, JACKIE M.
1102 STREET ADDRESS	1282 DELTONA BLVD.
1103 CITY, ST., ZIP	SPRINGHILL FL
1104 NAME	
1105 STREET ADDRESS	
1106 CITY, ST., ZIP	
1107 NAME	
1108 STREET ADDRESS	
1109 CITY, ST., ZIP	
1110 NAME	
1111 STREET ADDRESS	
1112 CITY, ST., ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1201 NAME	PVS DANIELLE NICOLE BENOIST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1202 STREET ADDRESS	1293 DELTONA BLVD	
1203 CITY, ST., ZIP	Spring Hill, FL 34606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1204 NAME		
1205 STREET ADDRESS		
1206 CITY, ST., ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1207 NAME		
1208 STREET ADDRESS		
1209 CITY, ST., ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1210 NAME		
1211 STREET ADDRESS		
1212 CITY, ST., ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07, 119A, Florida Statutes. I further certify that the information included 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 of this filing, or as an attachment with an address.

SIGNATURE: **Danielle Nicole Benoit** X 3-10-95 (812) P68-884

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
GONZALES B. MORGAN
Secretary of State
1900 N.W. 11th Street, Room 400
Tallahassee, Florida 32304-0001

APPROVED
AND
FILED

MAY - 1 1995 9:59

DOCUMENT # **S65665**

(9)

C. DAVID TANGORA, P.A.

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Office Location P.O. BOX 937 FT LAUDERDALE FL 33302-0937		Mailing Address P.O. BOX 937 FT LAUDERDALE FL 33302-0937		DO NOT WRITE IN THIS SPACE	
2. Principal Office Location		2a. Mailing Address		3. Date incorporated or Qualified 07/08/1991	3a. Date of Last Report 08/12/1994
21. 200 SE 18th Court	26. 200 SE 18th Court	4. FID Number 65-0274488	Applied Fee Not Applicable		
22. Fort Lauderdale, FL	27. Fort Lauderdale, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
23. 33316 U.S.A.	28. 33316 U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

TANGORA, C DAVID 200 S E 18TH COURT FT LAUDERDALE FL 33316		81. Name			
		82. Street Address (P.O. Box Number is Not Acceptable)			
		83. City			
		84. State	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0201 and 607.1505, 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. The change of office 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 607.0205, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	D TANGORA, C. DAVID	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	200 S E 18TH COURT	2. STREET ADDRESS	
3. CITY	FT LAUDERDALE FL	3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY		6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information reported on this report is substantially true and correct, and that the undersigned shall have the same responsibility as if made under oath. That this information is true and accurate and that the undersigned shall have the same responsibility as if made under oath. That this information is true and accurate and that the undersigned shall have the same responsibility as if made under oath. That this information is true and accurate and that the undersigned shall have the same responsibility as if made under oath.

SIGNATURE:  **4/28/95** **(305) 779-1005**
 HIGH OFFICER AND DIRECTOR OR REGISTERED AGENT OR SECRETARY