### 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

## DOCUMENT # S83307 1. Corporation Name

JESTER ASSOCIATES, INC.

# **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90166 049 \*\*\*150.00



Principal Plac	ce of Business	Mailing Address					I WYDIA DIWII WYDIK WIWII	814H 818H 184H
5100 SOUTH CLEVELAND AVENUE PAGE PLAZA SHOPPING CENTER UNIT 318 FORT MYERS FL 33907-1326		5100 SOUTH CLEVELAND AVENUE PAGE PLAZA SHOPPING CENTER UNIT 318 FORT MYERS FL 33907-1326		DO NOT WRITE IN	I THIS SPACE			
						<ol><li>Date Incorporated or Qualified</li><li>09/26/1991</li></ol>	<del>-</del>	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	I A	pplied For
21		26				65-0289084		ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.						Additional
22		27				5. Certifcate of Status Desired	•	equired
City & Sta	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current ye	ear Intangible	^
24	25	29	30			Personal Property Tax.	Yes	No.
	9. Name and Address of Curre	ent Registered Agent		$\top$		10. Name and Address of New Regis	tered Agent	
				81	Name			
	rwitz, esther D.			02	Charact Ad	day (D.O. B., N.,		
5100 S CLEVELAND AVE				82 Street Address (P.O. Box Number is Not Acceptable)				
PAG	ie plaza shopping cnte un	IT 318		83				
FT A	MEYERS FL 33907					· · · · · · · · · · · · · · · · · · ·		
				84	City		85 Zip	Code
office or i	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change wa:	s authorize	ed by t	the corporat	rporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its appointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registere	d Agent	signature requi	ired when reinstating) DA	NTE	
12.	OFFICERS A	ND DIRECTORS	13.	•		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 12
TITLE	PSTD	☐ DELETE	1.1 T	TTLE		<del></del>	☐ Change	☐ Addition
NAME	Herwitz, Esther D		1.2 N	NAME				j
STREET ADDRESS	5100 S. CLEVELAND AVE		1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	FT MYERS FL		1.4 0	CITY-ST	- ZiP			
TITLE	VD	☐ DELETE	2.1 T	TITLE			☐ Change	Addition
NAME	HERWITZ, GERALD A		2.2 N	IAME	[			
STREET ADDRESS	**************************************		238	TREET	ADDRESS	,		ĺ
CITY-ST-ZIP	FT MYERS FL					•	□ Citalige	
TITLE			2.4 (	CITY-ST	r-ZiP		□ Citalige	
NAME	ļ	☐ DELETE	2.4 C	CITY-ST	r-ZIP		Change	Addition
STREET ADDRESS		DELETE		ITLE	r- ZIP	·		Addition
CITY-ST-ZIP		☐ DELETE	3.1 T	TTLE JAME	r-ZIP  ADDRESS	·		Addition
		☐ DELETE	3.1 Ti 3.2 N 3.3 S	ITLE AME TREET	ADDRESS			Addition
TITLE		□ DELETE	3.1 Ti 3.2 N 3.3 S	TILE LAME STREET, CITY-ST	ADDRESS			Addition
TITLE NAME			3.1 Ti 3.2 N 3.3 S 34. C 4.1 Ti	TILE LAME STREET, CITY-ST	ADDRESS		Change	
			3.1 TI 3.2 N 3.3 S 34. C 4.1 TI 4. 2 N	ITLE  NAME  STREET  CITY-ST  ITLE  NAME	ADDRESS ZIP		Change	
NAME			3.1 T 32 N 33 S 34.0 4.1 Tl 4.2 N 4.3 S	TTLE  TREET  CITY-ST  TTLE  NAME	ADDRESS 1-ZIP ADDRESS		Change	
NAME STREET ADDRESS			3.1 T 32 N 33 S 34.0 4.1 Tl 4.2 N 4.3 S	TTLE  LAME STREET, STILE NAME STREET, STY-ST	ADDRESS 1-ZIP ADDRESS		Change	
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 T 3.2 N 3.3 S 34.0 4.1 Tl 4.2 N 4.3 S 4.4 C	TTLE  LAME STREET, STREET, STREET, STREET, STY-ST-	ADDRESS 1-ZIP ADDRESS		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.1 TI 3.2 N 3.3 S 34.0 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N	TITLE  LAME STREET, CITY-ST TITLE  NAME STREET, CITY-ST- TITLE  LAME LAME LAME LAME LAME LAME LAME	ADDRESS 1-ZIP ADDRESS		☐ Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.1 TI 32 N 3.3 S 34.0 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S	TITLE  TREET,  CITY-ST  TITLE  NAME  TREET,  TITLE  AME  TREET,  TREET,  TREET,	ADDRESS 1-ZIP  ADDRESS -ZIP  ADDRESS		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TI 32N 3.3 S 34.C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 5.4 CI	TTLE STREET, CITY-ST TTLE VAME STREET, CITY-ST- TTLE LAME STREET, STY-ST- TTLE TTLE TTLE TTLE TTLE TTLE	ADDRESS 1-ZIP  ADDRESS -ZIP  ADDRESS		☐ Change  Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.1 TI 32N 3.3 S 34.0 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 5.4 CI 6.1 TI 6.2 N	TITLE  TREET,  CITY-ST  TITLE  TREET,  TREET	ADDRESS 1-ZIP  ADDRESS -ZIP  ADDRESS		☐ Change  Change	☐ Addition

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, open an attachment with an address, with all other like empowered.

SIGNATURE:

4-275-1055