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

PROFIT CORPORATION **ANNUAL REPORT** 1998 DOCUMENT #

-

は 神経、 京教機能の は 神経



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

S99052

(0)

JONAS BUSTER BROWN, INC.

FILED Apr 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 21073 POWERLINE RD 21073 POWERLINE RD DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33433 BOCA RATON FL 33433** 3. Date Incorporated or Qualified 12/09/1991 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For Not Applicable 26 65-0300228 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Zip ZiD Country 24 ☐ Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name POLLOW, RONALD A. 2499 GLADES RD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 308 **B3 BOCA RATON FL 33431** 84 City Zip Code 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, typiod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETÉ 1.1 TITLE Change Addition NAME JONAS, IRVING 1.2 NAME 137 GOLDEN ISLES DR STREET ADDRESS 1.3 STREET ADDRESS HALLANDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME

6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 exupplemental 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 corperation/or the receiver of trulkee) improvered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, of on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - ST-ZIP

4.4 City - St - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

) resident

Change

Addition

Addition