## 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 # V11971 1. Corporation Name

JASMINE OF VERO BEACH, INC.

Principal Place	e of Business	Mailing Address			110011	DIL			
3403 OCEAN D	RIVE	3403 OCEAN DRIVE			į.				
VERO BEACH FL 32963		VERO BEACH FL 32963				DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incor	orated or Qualifed			
					02/05/1				ļ
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Numbe			Ap	plied For
<b>-</b> , '		<u></u>	26			600		Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.75	Additional
22		<del></del>	27			of Status Desired		Fee Re	equired
City & State	e	City & State		•	6. Election C	ampaign Financing		\$5.00	May Be
23		28			Trust Fund	Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip	Con	ntry	1	ration owes the curr			[
24	25		30	,		roperty Tax.		□Yes	□No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and	Address of New R	legistered A	gent	<del></del>
MITO	A DAVIAGNO		·	81 Name					
VITO A RAYMOND				82 Street A	ddress (P.O. Box Nu	ress (P.O. Box Number is Not Acceptable)			
7415 AQUARINA BEACH DR MELBOURNE FL 32951						<del></del>		4.	
MEL	DOURNE PL 32801			83					
				84 City			FL	85 Zip	Code
		.0502 and 607.1508, Florida Statu	ton the o	hous samed a	ornaration submits th	is statement for the		hanging its	registered
office or re	enictored agent of both in the 😪	iste of/Horida Such change was a	autroorizet	i ov ine como	ration's board of direct	tors. I hereby accep	of the appoin	tment as re	gistered
	m familiar with and accept the of	nlicerions of Section 607.0505. Fl	orida Stat	Itac			•		
agent. La			0					. G /2	
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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, or one attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

4-13-99 561-231-3889

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90182 004 \*\*\*150.00