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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

(6)

MAKE-JAKE DEVELOPMENT, INC.

ncipal Place of Business	Mailing	Address

855 SANDERLING DR. PO BOX 1000 INDIALANTIC FL 32903 MELBOURNE FL 32902-1000 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/16/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3125412 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LEVY, RONALD D. 855 SANDERLING DR. 82 Street Address (P.O. Box Number is Not Acceptable) INDIALANTIC FL 32903 83 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, typed 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 DELETE 1.1 TITLE Change Addition LEVY, RONALD D. NAME 1.2 NAME PO BOX 1000 N/A STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition LEVY, NORMA NAME 2.2 NAME PO BOX 1000 N/A STREET ADDRESS 2.3 STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE LEVY, NORMA NAME 3.2 NAME PO BOX 1000 N/A STREET ADDRESS 3.3 STREET ADDRESS

6.4 CITY-ST-ZIP CITY-SY-ZIP 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, expn an attachment with an address.

3.4, CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.1 TITLE

4, 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

MELBOURNE FL

Change

Change

Addition

Addition

Addition

CR2E034

**FILED** 

Jan 21 1998 8:00am

Secretary of State