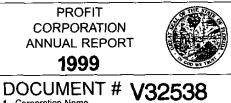
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name J. A. PAVERS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90116 047 ***150.00



	_ 	5.4-17 A -1 d				I DIBII DIDII IBBI
Principal Place		Mailing Address				
6601 LYONS RD 6601 LYONS RD BLDD HJO BLDD HJO						
COCONUT CREEK FL 33073		COCONUT CREEK FL 33073		DO NOT WRITE IN THIS SPACE		
US				3. Date incorporated or Qualifed 04/29/1992		
2. Principal P	lace of Business	2a. Mailing Address	/	4. FEI Number	1	Applied For
21		26 DO BOX 8444		65-0337136 Not Applic		Not Applicable
Suite, Apt.	#, etc.	Suite: Apt. #, etc.		5. Certificate of Status Desired		Additional
		27 (OTA) W/1	ND	5. Certificate of Status Desired Fee Required		Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		
23		28 10166		Trust Fund Contribution Added to Fees		
Zip	Country		County	8. This corporation owes the current year Inta		m.
24		29 70 30	BIONER		∐Yes \cent	□No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	April	
الاسلا	METZ, JOY		OT MAINE			
8688 NW 43RD ST			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33065			83			
3011	ar at things it added					
			84 City	FL	85 Zig	o Code
44 5	the sections 507 0502	and 607 1509 Elorida Statutes ti	ne above-named corn	oration submits this statement for the purpose of	changing i	its registered
office or r	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was autho	nzed by the corporatio	n's board of directors. I hereby accept the appoir	itment as	registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if analicable (NOTE: Regi	stered Agent signature required	i when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
TITLE	D		1.1 TITLE		Change	
NAME	ADAMETZ, JODY		1.2 NAME			1
STREET ADDRESS	8688 NW 43RD CT		1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPGS FL 33065	i.	1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change	e ☐ Addition
NAME		i e	2.2 NAME			į
STREET ADORESS			2.3 STREET ADDRESS			Ì
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE			3.1 TITLE		Change	a Addition
NAME		i	3.2 NAME			(
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	e
NAME			4. 2 NAME			
STREET ADDRESS		i	4.3 STREET ADDRESS			
CITY-ST-ZIP	•, •,	_ I	4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Chang	e
NAME) ÷		5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY- ST- ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	e Addition
NAME		j	6.2 NAME			
STREET ADDRESS		1	6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-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 opporation 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 charged, or drain address, with all other like empowered.

SIGNATURE:

Date

Daytime Phone #

CR2E034 (11/98)