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

Block 12 or Block 13 if changed, or on an attachment with an address

Jan 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V56094 (8)JUBILEE CORPORATION Principal Place of Business Mailing Address 225 TOWN CENTER HALL 2410 TANGERINE HILL CRT LUTZ FL 33549 SPACE 1171 DO NOT WRITE IN THIS SPACE **BOCA RATON F 33431** 3. Date Incorporated or Qualified 07/29/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For HEATHRIGGE DRIVE 65-0355989 Not Applicable 21 Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be BEACH FU 23 Trust Fund Contribution 28 Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes □ No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PIGUET, SONYA 225 TOWN CENTER MALL 82 Street Address (P.O. Box Number is Not Acceptable) **SPACE 1171 BOCA RATON FL 33431** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Fforida 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 aired when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/9) 13. PS DELETE 1.1 TITLE Change Addition TITLE PIGUET, SONYA NAME 1.2 NAME 225 TOWN CENTER MALL STREET ADDRESS 1.3 STREET ADORESS **BOCA RATON FL** C(TY - S1 - 2(P 1.4 CITY - ST - ZIP DELETE Addition Change TITLE 21 10116 PIGUET GLENN NAME 2.2 NAME 225 TOWN CENTER MALL STREET ADDRESS 2.3 STREET ADDRESS **BOCAR RATON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change ■ Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - S1 - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

mount Piccest of 105 lap 561 347 1000