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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90279 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1999 ~~1998~~

DOCUMENT # V 65565 /ok
1. Corporation Name

J & L'S WICKER STORE INC

Principal Place of Business

Mailing Address

3351 N FEDERAL HWY
DELRAY BEACH FL 33483

3351 N FEDERAL HWY
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9 1892

4. FEI Number

65-0362311

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ACOSTA, GERARDO

3351 N FEDERAL HWY

DELRAY BEACH FL 33483

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 GERARDO ACOSTA

PRES 4 2999

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST ☐ DELETE

NAME ACOSTA, GERARDO
STREET ADDRESS 3351 N FEDERAL HWY
CITY-ST-ZIP DELRAY BEACH FL 33023

TITLE DV ☐ DELETE

NAME ACOSTA LINDA
STREET ADDRESS 3351 N FEDERAL HWY
CITY-ST-ZIP DELRAY BEACH FL 33023

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1 1 TITLE DPST ☒ Change ☐ Addition

1 2 NAME ACOSTA, GERARDO
1 3 STREET ADDRESS 3351 N FEDERAL HWY
1 4 CITY-ST-ZIP DELRAY BEACH FL 33483

2 1 TITLE DV ☒ Change ☐ Addition

2 2 NAME ACOSTA, LINDA
2 3 STREET ADDRESS 3351 N FEDERAL HWY
2 4 CITY-ST-ZIP DELRAY BEACH FL 33483

3 1 TITLE ☐ Change ☐ Addition

3 2 NAME
3 3 STREET ADDRESS
3 4 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

4 2 NAME
4 3 STREET ADDRESS
4 4 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

6 2 NAME
6 3 STREET ADDRESS
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 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 on attachment with an address.

SIGNATURE: GERARDO ACOSTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES 4 3099 561 7324389

Date

Daytime Phone #

CR2E034 (10/97)