## 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 # P97000086940 (8)

JUBILEE PARTNERS, INCORPORATED

FILED
Jan 30 1998 8:00am
Secretary of State



Principal Plac	e of Business	Maiting Address			ABIII ODIBLIQI	IA BIND LAND BIRN DAIL LAND
600 NW 83RD AVE		600 NW 83RD AVE	-			
PEMBROKE PINES FL 33024		PEMBROKE PINES FL 33	PEMBROKE PINES FL 33024			22105
				DO NOT WRIT  3. Date Incorporated or Qualified		SPACE
				10/07/1997		,
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		1 Applied For
21	_	26				Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired		Fee Required
City & State	θ	City & State		6. Election Campaign Financing	_/	\$5.00 May Be
23	02	28		Trust Fund Contribution	<u> </u>	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has p	_	
24	25   9, Name and Address of Cu		30	Personal Property Tax due Jun		Yes 12 No
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     Name and Address of New Registered Agent     Name and Address of New Registered Agent						
	O NW 93RD AVE					
	MBROKE PINES FL 33024		et Address (P.O. Box Number is Not Accepta	ıble)		
83						
1						
			84 City		FL	85 Zip Code
11. Pursuant t	to the provisions of Sections 607	.0502 and 607.1508. Florida Statute	s the above-namo	d corporation submits this statement for the	nurnose of	Changing its registered
OHIGE OF H	egi <b>ste</b> rea agent, or both, in the s	state of Florida. Such change was a	uthorized by the co	orporation's board of directors. I hereby acce	pt the app	ointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registers	nd agent and little if applicable (NOTE	Registered Agent signate	ate required when reinstaling)	DATE	
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS IN 12
TITLE		DELETE	1.1 TITLE	P		☐ Change ☐ Addition
NAME			1.2 NAME	GORGE P. MALONG	y.	
STREET ADDRESS			1.3 STREET ADDRESS	600 NW 93RD AVUN	10	
CITY-ST-ZIP			1.4 CITY - ST - ZIP	GOORGE P. MALONG GOONW 93KD AVON Pambroke PINES, FL BLUCKLY G. MALO GOONW 98KD AVO	3300	24
TITLE		☐ DELETE	2.1 TITLE	5-7		☐ Change ☐ Addition
NAME			22 NAME	BLUCKLY, SORU BUG	nuk	
STREET ADDRESS			2.3 STREET ADDRESS	680 NW 98-		,
CITY-ST-ZIP		December	2. 4 CITY - ST - ZIP	PamBROKE PINES, FL	- 330	24
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CHY-ST-ZIP 4.1 TITLE	<b> </b>		Change Addition
NAME		E DECEME	4 2 NAME			L.] Change L. Addition
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CiTY-ST-ZiP			1
TITLE		DELETE	5.1 TITLE		7.	Z Change / ☐ Addition
NAME			5.2 NAME			7 / - / 10000001
STREET ADDRESS			5.3 STREET ADORESS		-</th <th>\</th>	\
CITY-ST-ZIP	•		5.4 CITY-ST-ZIP			1700
TITLE	***************************************	☐ DELETE	6 1 THLE	1		☐ Change ☐ Addition
NAME			6.2 NAME	40000241 -02/02/980100	782	24
STREET ADDRESS			6.3 STREET ADDRESS	-02/02/980100	)503	1
CITY-ST-ZIP			6.4 CITY - ST - ZIP	***163.75		
14. I hereby co	ertify that the information supplies	d with this filing does not qualify for	the exemption star	ed in Section 119.07(3)(i), Florida Statutes. I	further cer	tify 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 13 if Changed, or on an attachment with an address.						
BROCK 12 0	Boy Bry	attachment with an address. 3 4	24719121/	TROBSURUK		