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 # F91291

JIW ENTERPRISES, INC.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED

Apr 20 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address				
3800 W HILLSBOROUGH AVE TAMPA FL 33614	3800 W HILLSBOROUGH AVE TAMPA FL 33614	DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualified			
		07/10/1082			

						U//19/1982			
2. Principal Place of Business		2a. Mailing Ad	2a. Mailing Address			4. FEI Number	Applied For		
d		26				59-2387363		Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State		City & State	e			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zìp	Country 25	Z ip 29	Coun' 30	try		8. This corporation owes or has popersonal Property Tax due June		urrent year Intangible Yes No	
g. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
BETTS, JAMES R., EQ		8	31	Name					
FOWLER, WHITE ET AL 501 E KENNEDY BLVD STE 1700			8	32	Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33602		-	8	33					
			8	34	City		C 1	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 Signature, typed or printed name of registered ager Land title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DPT DELETE TITLE 11 TITLE Change Addition **WOOLEY, JEFFREY I** NAME **38**00 W HILLSBOROUGH AVE STREET ADDRESS 1.3 STREET ADDRESS TAMPA, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETÉ TITLE 2.1 TITLE Change Addition NAME TEW, DM 2.2 NAME **380**0 W HILLSBOROUGH AVE STREET ADDRESS 2.3 STREET ADDRESS TAMPA, FL 00000 CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

NAME 6.2 NAME STREET ADDRESS 6.4 CITY - ST - ZIP 14. 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 suppliemental 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

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

52 NAME

6.1 TITLE

DELETE

DELETE

Block 12 or Block 13 if changed, or on an attachment with an address (813) 621-7747

☐ Change

Change

Addition

Addition