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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # FQ12Q1

1. Corporation Name JIW ENTERPRISE	· - · - ·		_			
Principal Place of Busines	s	Mailing Address				1 (18)(8) (10) (10) (10) (10)
3800 W HILLSBOROUGH AV TAMPA FL 33614	/E	3800 W HILLSBOROUGH AVE TAMPA FL 33614				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 07/19/1982
2. Principal Place of Busin	ness	2a. Mailing Address				4. FEI Number
21		26				59-2387363
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.
City & State		City & State		_		6. Election Campaign Financing Trust Fund Contribution Ad
Zip 24	Country 25	Zip	Coun	try		8. This corporation owes the current year Intangible Personal Property Tax.
	and Address of Current R		1			10. Name and Address of New Registered Agent
			1	B1	Name	
BETTS, JAMES FOWLER, WHI	•		ļ.	B2	Street /	Address (P.O. Box Number is Not Acceptable)
501 E KENNEC TAMPA FL 336	DY BLVD STE 1700		ļī	83		
				B 4	City	FL 85
office or registered ac	ent or both in the State of I	nd 607.1508, Florida Statute Florida. Such change was au is of, Section 607.0505, Flori	thorized i	by 1	ne corpo	corporation submits this statement for the purpose of changing oration's board of directors. I hereby accept the appointment
SIGNATURE		200-	 7		-(t	equired when reinstating) DATE
	d or printed name of registered agent an OFFICERS AND		13.	gent	signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRE
12.	OFFICERS AND	DELETE	1.1 TIT			□ Ch
	, JEFFREY I		1.2 NAM			_

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90130 005 ***150.00

Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

□No

			84	City			. FL	- 85	Zip Ci	xie ,
office or re	to the provisions of Sections 607.0502 and 607.1508, egistered agent, or both, in the State of Florida. Such in familiar with, and accept the obligations of, Section	change was author	irizea by t	-named corpor he corporation	ration submits thin's board of direc	is statement for tors. I hereby a	the purpose of ccept the appo	chang intmen	ing its r t as reg	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Red	istored Anont	signature required v	when reinstating)	 .	DATE			
12.	OFFICERS AND DIRECTORS	(NOTE: Regi	13.	signatoro roquirea i		CHANGES TO	OFFICERS A	ND DIF	RECTOR	S IN 12
TLE		DELETE	1.1 TITLE						hange	☐ Addition
IAME	WOOLEY, JEFFREY I	-	1.2 NAME	ļ						
TREET ADDRESS	3800 W HILLSBOROUGH AVE		1.3 STREET	ADDRESS						
TTY-ST-ZIP	TAMPA, FL 00000	1	1.4 CITY-ST							
TILE		DELETE	2.1 TITLE						hange	☐ Addition
IAME	TEW, DM		2.2 NAME							
TREET ADDRESS	3800 W HILLSBOROUGH AVE		2.3 STREET	ADDRESS	•					
CITY-ST-ZIP	TAMPA. FL 00000	1	2. 4 CITY-ST	- ZIP		-				
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	3 1 TITLE						hange	☐ Addition
IAME (•	3.2 NAME	1					•	I
TREET ADDRESS			3.3 STREET	ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST	r-ZIP						
TITLE		☐ DELETE	4.1 TITLE						hange	Addition
IAME		1	4. 2 NAME							
TREET ADDRESS		ı	4.3 STREET	ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST	- ZIP		· •				
TITLE		DELETE	5.1 TITLE						Change	Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	ADDRESS						
OTY-ST-ZIP			5.4 CITY-ST	-ZIP				_		
TITLE		DELETE	6.1 TITLE						hange	☐ Addition
IAME			6.2 NAME							
STREET ADDRESS			6.3 STREET	ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST	-ZIP						
14 Lhereby o	ertify that the information supplied with this filing does	s not qualify for the	exempti	on stated in Se	ection 119.07(3)(i), Florida Statu	tes. I further ce	rtify th	at the in	formation

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 paceiver 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 an attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND POPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jalo Wooley

1/15/99

(813) 621-7747