NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:28

DOCUMENT # **G60697** (1)

1. Corporation Name
J T L DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
9205 KINGSRIDGE DR. TAMPA FL 33637	9205 KINGSRIDGE DR. TAMPA FL 33637

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/12/1983	3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-2321262	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 9205 KINGSRIDGE DR.,	25 9205 KINGSRIDGE DR.,
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TEMPLE TERRACE, FL.	28 City & State: TEMPLE TERRACE, FL.
24 Zip: 33637 25 Country: HILLSBOROUGH	29 Zip: 33637 30 Country: HILLSBOROUGH

9. Name and Address of Current Registered Agent

VIERA, MR. JUAN A.
9205 KINGSRIDGE DR.
TAMPA FL 33637

10. Name and Address of New Registered Agent

81 Name: VIERA, JUAN A.
82 Street Address (P.O. Box Number Is Not Acceptable): 9205 KINGSRIDGE DR.
83
84 City: TEMPLE TERRACE FL 85 Zip Code: 33637

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☑ Change ☐ Addition
NAME	VIERA, JUAN A.	1.2 NAME	
STREET ADDRESS	9205 KINGSRIDGE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TEMPLE TERRACE, FL. 33637.
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, ROSEUDO	2.2 NAME	
STREET ADDRESS	10913 AUTUMN OAK ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	ABUT, JOSE	3.2 NAME	
STREET ADDRESS	2210 SW 26TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☑ Change ☐ Addition
NAME	VIERA, MARIA E.	4.2 NAME	
STREET ADDRESS	9205 KINGSRIDGE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TEMPLE TERRACE, FL. 33637.
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added with an address.

SIGNATURE: JUAN A. VIERA 1/20/95 (813)988-9250.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0304007 CP