

OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90012 013 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katharine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **M69429** ✓  
 Corporation Name

J T ENTERPRISES, INC.

Principal Place of Business Mailing Address  
 17 SW 104 ST. 10707 SW 104 ST.  
 MI FL 33176 MIAMI FL 33176



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
26		27		02/24/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
28		29		65-0033197	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
CLARK, NATHAN D ESQUIRE 201 W. FLAGLER MIAMI FL 33130		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City	FL	85 Zip Code	

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.

NATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
ET ADDRESS	PSD KOSTOWSKI, DOUG 9942 S.W. 97TH PLACE MIAMI FL 33176	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			1.2 NAME		
			1.3 STREET ADDRESS		
			1.4 CITY-ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			2.2 NAME		
			2.3 STREET ADDRESS		
			2.4 CITY-ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			3.2 NAME		
			3.3 STREET ADDRESS		
			3.4 CITY-ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			4.2 NAME		
			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			5.2 NAME		
			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			6.2 NAME		
			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		

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 an attachment with an address.

SIGNATURE: *Doig Kostowski* 30 Aug 99 305-596-4800

CRZE034 (5/99)