FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9400052212 (5)

JAD TECH CORPORATION, INC.

Principal Place of Business Mailing Address

6654 BELL TOWER CT. 2 JACKSONVILLE FL 32217 6654 BELL TOWER CT. 2 JACKSONVILLE FL 32217 FILED Mar 18 1996 8:00 am Secretary of State

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Trust Fund Contribution Country St.00 May Be Added to Fees Added to Fees This corporation has liability for intangible tax under s 199.032,							3. Date Incorporated or C	Dualified	3a. Date	of Last F	Report
Sole, Agr. II. etc Sole, Agr. II. etc Sole, Agr. II. etc Sole, Agr. II. etc Sole, Agr. II. etc Sole, Agr. II. etc Sole, Agr. II. etc Sole, Agr. II. etc Sole, Agr. II. etc Sole, Agr. II. etc Sole, Agr. II. etc Sole, Agr. II. etc Sole, Agr. II. etc Sole, Agr. II. etc Sole, Agr. II. etc Sole, Agr. II. etc Sole, Agr. II. etc Sole, Agr. III. etc Sole, Agr. I							07/11/1994			03/08/	1995
Suite. Apr. 9, etc. Suite. Apr. 9, etc. 27	2. Principal Pla	ace of Business	2a. Mailing Addre	iss			4. FEI Number				Applied For
Fee Required Fee	21		26				59-3255447	•			Not Applicable
Coy & Salve 28	Suite, Apt. 4	ii. etc.		etc.			5. Certificate of Status De	esired			
Total Fund Contribution Added to Fees Addition Added to Fees Addition Added to Fees Addition Add							6. Election Campaign Fin	ancing		\$5.0	00 May Be
Country State Country	or in the		28				Trust Fund Contributio	n			
9, Name and Address of Current Registered Agent AOUIL, BASSAM N 6884 BELL TOWER CT, 2 JACKSONVILLE FL 32217 80 80 80 60 60 60 60 60 60 60		Country	Zip	Co	untry		B. This corporation has la	ability for in	tangible ta	x under s	199.032,
ACUIL, BASSAM N 6684 BELL TOWER CT, 2 JACKSONVILLE FL 32217 11. Fursion to the processions of Sections 607,0002 and 607,1508, Foods Statutes, the above named corporation submits this statement for the purpose of Handright Registered office or registered agent, or both, in the State of Florids. Such dange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, it is not accept the chighlories of, Section 027,0002, Foods Statutes, the above named corporation submits this statement for the purpose of Handright Registered office or registered agent, or both, in the State of Florids. Such dange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, it is minimal with, and accept the chighlories of, Section 027,0002, Foods Statutes, the above named corporation submits this statement for the purpose of Handright Registered office or registered agent, or both, in the State of Florids. Such dange agent to the corporation's board of directors. I hereby accept the appointment as registered office or florids with and accept the chighlories of, Section 027,0002, Foods State of Section's Section 027,0002, Foods State of Section's Sect	24	25	29	30							
ACUIL, BASSAM N 6894 BELL TOWER CT, 2 JACKSONNILE FL 32217 83 84 City FL 85 Zip Code 11. Pursuant to the previsions 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 agont, or both, in the State of Florida, South drawage was sufficienced by the corporation's board of directors. Threeby accept the appointment as registered egont, I am facilities with a finish and accept the displacement of 2005. Florida Statutes SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. Change Addition MOS ABBELL TOWER CT, 2 JACKSONNILLE FL 32217 DELETE 1 11/11 DELETE 2 1 THR 1 2 TAMA 2 STARM 3 STARM ADDRESS 5 STARM 4 STARM 4 STARM 4 STARM 5 STARM ADDRESS 5 STARM 5		9. Name and Address of Curre	nt Registered Agent			,	10. Name and Address	of New Re	gistered /	Agent	
B8 Dity					81	Name					
B8 Dity	ACHII	RASSAM N			82	Street Add	trass /P.O. Box Number is Not	Acceptable	-)		
JACKSONMILE FL 32217 11. Pursuant to the provisions of Sections 607, 0507 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 Sonia of I bonds. Such of language was authorized by the corporation's board of dividios. I harder second the displacation of Section 0507, 0507, Proceedings and the corporation's board of dividios. I harder second the displacation of Section 0507, Proced Statutes, the above named corporation's submits this statement for the purpose of changing its registered office or registered agent, i am submit of the viting of the supportment as registered office. Statutes in the vitin, and accept the displacation of Section 0507, Proced Statutes. SCINATURE SCINATURE OFFICER'S AND DIRECTORS 12. OFFICER'S AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER'S AND DIRECTORS IN 12. In the Change Addition of the supportment as registered agent, I am submit a submit as the process of the supportment as registered office. In the Change Addition of the support of the supportment as registered office. In the Change Addition of the support of the supportment as registered office. In the Change Addition of the support of the support of the support of the supportment as registered office. In the Change Addition of the support of the supportment as registered office. In the Change Addition of the support o	A0010	REIL TOWER CT 2			01	Oli col rado	and the control to the	, icoop icas,	~,		
11. Pursuant to the provisions of Sections 607 (200 and 607 1500, Fordin Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered lagent, or both, in the Shite of Florids, Such change was authorities by the corporation's board of directors. I hereby accept the appointment as registered agent, I am format which an advantage to the Shite of Section 607 0505, Florids Statutes. SCRATULE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Int D D DIRECTORS 11. THE DAME ONGSABEH, MARY 683 BELL TOWER CT, 2 13 SIREL ADDRESS OFFICERS AND DIRECTORS IN 12. 14 OFFICERS AND DIRECTORS 14 OFFICERS AND DIRECTORS 15 ST.PP 16 DIRECTORS 16 DIRECTORS 16 DIRECTORS 17 ST.PP OFFICERS AND DIRECTORS 18 DIRECTORS 18 DIRECTORS 18 DIRECTORS 19 DIRECTORS 19 DIRECTORS 10 DIRECTORS 10 DIRECTORS 10 DIRECTORS 10 DIRECTORS 10 DIRECTORS 10 DIRECTORS 11 DIRECTORS 12 DIRECTORS 13 SIREL ADDRESS 14 OFFICERS 14 DIRECTORS 15 DIRECTORS 16 DIRECTORS 16 DIRECTORS 17 DIRECTORS 18 DIRECTORS 1					83						
1. Pursuant to the provisions of Sections 607 (502 and 607.1508, Florida Statutes, the above-named corporation submits this stelement for the purpose of changing list registered diffection in the Statut of Horiza Statutes and	JACA	SOMVILLE PL SZZ17			-					71 -	
11. Pursuant to the provisions of Sections 607 (CO2) and CO7 (1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. I am or registered					84	City			FI	85 4	ap Code
or registered agend, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I filered to exclude an experiment as registered agent. I all familiar values are the displaced by Section 607 00505, Florids Statutes. SIGNATURE Spatzer specified value of mysterial agent and fact idia. POTE Progress Apont by at a required when remaining. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITIE D	44 D	to the era joines of Sections 607 050	22 and 607 1509. Florida	Statutes the ah	0/0-1	named corpo	vation submits this statement f	or the purp	ose of cha	naina its	registered office
POSE Reposeed Apons greated and respective of Apons greater requested Apons greater and restauring	or register	ed agent, or both, in the State of Flo	rida. Such change was a	authorized by the	corp	oration's boa	ard of directors. I hereby accep	t the appoi	intment as	registere	d agent. I am
12	SIGNATURE	e.	t and true of smaller than	BIOTE Deporture	d Angr	at power we recount	sort urban reinstation)		DATE		
DELETE						it signation require		S TO OFFIC		DIRECT	ORS IN 12
NAME		r	m								
SHELT ADDRESS 6654 BELL TOWER CT, 2 13 STREET ADDRESS LITT 1107 1107 1107 1107 1107 1108 1109 1109 1109 1109 1109 1109 1109		_	<u></u> 4,22						_	_ ,	
14 City - Sit - 2P						14000000					
DELETE DELETE STREET ADDRESS											
STREET ADDRESS CITY ST ZP CHANGE STREET ADDRESS CITY ST ZP LITE DELETE 3 TINUE 3 TINUE 3 TINUE Addition MANY 3 STREET ADDRESS CITY ST ZP LITE DELETE 3 STREET ADDRESS CITY ST ZP LITE Change Addition Addition MANE 4 TINUE 4 TINUE 4 TINUE Addition MANE 4 A CITY ST ZP LITE ALCITY ST ZP LITE ALCITY ST ZP LITE ALCITY ST ZP LITE DELETE 5 TINUE ALCITY ST ZP LITE AMME STREET ADDRESS CITY ST ZP LITE ADDRESS CITY ST ZP ACCITY ST ZP LITE ADDRESS CITY ST ZP ACCITY ST ZP ACCITY ST ZP LITE ADDRESS CITY ST ZP ACCITY ST ZP		JACKSUNVILLE FL 32217				ST-ZIP				7 Channe	☐ Addition
23 SIRECT ADDRESS 24 CITY - ST - ZIP									L	_j change	
CHY ST 2P											
DELETE DELETE 3 1 TINE Change Addition	STREET ADORESS										
STREET ADDRESS STRE	CHY ST ZP					ST - ZIP	- · · · · · · · · · · · · · · · · · · ·			7 65000	
SHEELADORESS CHY-S1-2P ITTLE DELETE 4.1 TITLE Addition NAME STREET ADDRESS CHY-S1-2P TITLE Addition Addition STREET ADDRESS CHY-S1-2P TITLE Addition Addition DELETE 5.1 TITLE Change Addition Addition NAME SPECIADORESS CHY-S1-2P TITLE DELETE 5.2 NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CHY-S1-2P TITLE DELETE 6.1 TITLE Change Addition NAME 6.3 STREET ADDRESS CHY-S1-2P 1.1 Lick 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)(k), 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 certify that that I am an officer or indicator or this receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name or on the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name	T. TEE		☐ DELI	4					L	Change	[] Addition
OTY ST-PP OELETE 4 TITLE Change Addition	NAME			3.21	NAME						
DELETE LITTLE Change Addition	STREET ASSORESS			3 3	STREE	I ADDALSS					
NAME STHEET ADDRESS CITY ST-ZIP TITLE DELETE S 1 TITLE S 2 NAME SPEEL ADDRESS CITY-S1-ZIP STREET ADDRESS CITY-S1-ZIP TITLE DELETE S 3 STREET ADDRESS CITY-S1-ZIP TITLE DELETE S 4 CITY-S1-ZIP THE DELETE S 3 STREET ADDRESS CITY-S1-ZIP THE DELETE S 4 CITY-S1-ZIP THE DELETE THE DELETE S 5 STREET ADDRESS CITY-S1-ZIP THE DELETE S STREET ADDRESS CITY-S1-ZIP THE DE	0:1Y - \$1 - 7:F	<u> </u>				ST-ZIP			· · · ·		
STREET ADDRESS CITY 51-ZIP TITLE	1016	1	☐ D€LE	ETE 4.1	TITLE					Uhange	□ Addition
CITY 51-ZIP A4 CITY-S1-ZIP	NAME			4.2	NAME						
NAME SPEEL ADDRESS CITY ST-ZIF TILLE STREET ADDRESS CITY ST-ZIF TILLE DELETE SA CITY ST-ZIP TILLE Change Addition Addition AVE SHEEL ADDRESS CHY ST-ZIF 14. Edo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(k), Florida Statutes. I further certify that the information indicated on this arrival 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	STHEET ADDRESS			4.3	STREET	T ADDRESS					
NAME SPECE ADDRESS CITY SET 20F THEE DELETE 6 1 TITLE Change Addition AVX: SHEEL ADDRESS CITY SET 20F 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)(k), Florida Statutes. I further certify that the information indicated on this arrival 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	CITY ST-ZIP				CITY-S	ST - ZIP					
STREET ADDRESS CITY: \$1-2IF TILE DELETE 6 1 TITLE SA GITY: ST-ZIP Change Addition AVE SHEET ADDRESS CITY: \$1-2IP 14. Edo 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)(k), 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	TITLE		☐ DELI	E1E 5.1	TALE					☐ Change	Addition
STREET ADDRESS CITY ST-ZIF TITLE DELETE 6 1 TITLE Change Addition 62 NAME 5-4 CITY ST-ZIF 14. 1 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)(k), 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	NAME			5.2	NAME						
City_S1-2iF DELETE 54 CITY_S1-ZiP DELETE 6 1 TITLE Change Addition				53	STHEE	T ADDRESS					
THEF DELETE 6 TITLE Change Addition				54	CITY-S	ST-71P					
STHEEL ADDR-SS CHY-SL-ZIP 14. Lido 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)(k), Florida Statutes. I further certify 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			DE:						[Change	Addition
STREET ADDRESS CHY-ST-ZIP 14. Lido 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)(k), 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			_	6.2	NAME						
11. Lich hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exembtion stated in Section 119.07(3)(k), 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						T ADDRESS	^ /	,		_	
14. Lide 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)(k), 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				1			Beelin B.	k :	200	-	
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 eight as inmove the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name	44 Later branch	I v certify that the information supplier	d with this filing is volunt	arily furnished and	d doe	e not qualify	for the exemption stated in Se	ction 119.0	07(3)(k), Fk	orida Stat	utes. I further
	certify that	it the information indicated on this ar I am an officer or director of the con	nual report or suppleme poration or the receiver (ntai annuai report or trustee empow	r is tri	ue and accur	rare and inal my signature sna:	i nave me :	Same legal	BIIBUL at	i ii made under