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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400052212 (5)

JAD TECH CORPORATION, INC.

-8654 BELL TOWER CT. 2

JACKGONVILLE FL 32217

JACKGONVILLE FL 32217

FILED Feb 14 1997 8:00am Secretary of State



				07/11/1994	02/20/1996	
2. Principal Pia	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26		59-3255447		ot Applicable
# Suite, Apt. 3211 G	LEDYNE DRIVE EAST	Suite, Apt. #, etc. 27 3211 GLE NDYN	IE DRWE EAS	5. Certificate of Status Desired	7	Additional Required
City & State 23 JACKSO		City & State 28 JACKSONVILLE		Election Campaign Financing Trust Fund Contribution		D May Be I to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	···	
24 32216	25 DUVAL	29 32216	30 DUYAL		Yes 🔲 No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent	
	UIL, BASSAM N		81 Name	AOUIL BASSAM, N		
	4 BELL TOWER CT, 2		82 Street Address (P.O. Box Number is Not Acceptable) 3211 GLENDYNE DRIVE EAST			
JAC	KSONVILLE FL 32217-					
			83			
			84 City	G	B5 Zip	Code
			ل ا	ACKSONVILLE	FL 32	2216
office or re	o the provisions of Sections 607.0502 gistered agent, or both, in the State of familiar with, and accept the obliga	of Florida. Such change was au	uthorized by the corp	corporation submits this statement for the p oration's board of directors. I hereby accep	urpose or chariging at the appointment a	is registered is registered
	signature, typed or posted name of registered agen		Registered Agent signature (DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D MOCOMBRIA MARY	☐ DELETE	11 TATLE	D.	L Change	Addition
NAME	MOSSABEH, MARY		1.2 NAME	MOSSBBEH, MARY 3211 GLENDYNE DRIVE JACKSONYILLE, FL. 32	EAST	
STREET ADDRESS	-8654 BELL-TOWER CT, 2 JACKSONMLLE FL 32217		1.3 STREET ADDRESS	3211 GLENDYNE DRIVE	2016	
CITY - ST - ZIP	JACKOUNVILLE PL 32217	Doctor	1.4 CITY+ST-ZIP	SACKSONVILLE, FL. 30	Change	Addition
TILE		[] DELETE	2.1 TITLE		Change	ווטוווטשא נייין
MAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
TOTALE		DELETE	2. 4 CITY - ST - 2IP 3.1 TITLE		Change	Addition
NAME		occir.	3.2 NAME		CJ Orongo	
			3.3 STREET ADORESS			
STREET ADDRESS						
CITY+S1+ZIP TITLE		☐ DELETE	3.4. CITY~ST~ZIP 4.1 TITLE		Change	Addition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
City - St - ZiP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME.			5.2 NAME			
STHEET ADORESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-SI-761			6.4 CITY - ST - ZIP			
information	n indicated on this annual report or si	upplemental annual report is tru	ue and accurate and ared to execute this re	tated in Section 119.07(3)(i). Florida Statute that my signature shall have the same legs eport as required by Chapter 607, Florida S	al effect as if made u	under oath; that

AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MOST a Lock Date 2 /2, 1997 Dayling Phone