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**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90093 046 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P96000035291

1. Corporation Name  
**JJT INVESTMENT ENTERPRISES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3201 33RD SOUTHEAST TERRACE OKEECHOBEE FL 34974  
 Mailing Address: 3201 33RD SOUTHEAST TERRACE OKEECHOBEE FL 34974

3. Date Incorporated or Qualified: **04/23/1996**

4. FEI Number: **65-0661734** 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **COOPER, BETTY W, 3201 SE 33RD TERR, OKEECHOBEE FL 34974**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

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: *Betty Cooper* DATE: **4-20-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: JONES, JOHN D	1.1 TITLE:	
STREET ADDRESS: 3201 33RD SOUTHEAST TERRACE	CITY-ST-ZIP: OKEECHOBEE FL 34974	1.2 NAME:	
TITLE: VD	NAME: CHRISTENSEN, THOMAS M	1.3 STREET ADDRESS:	
STREET ADDRESS: 3201 33RD SOUTHEAST TERRACE	CITY-ST-ZIP: OKEECHOBEE FL 34974	1.4 CITY-ST-ZIP:	
TITLE: STD	NAME: COOPER, BETTY W	2.1 TITLE:	
STREET ADDRESS: 3201 33RD SOUTHEAST TERRACE	CITY-ST-ZIP: OKEECHOBEE FL 34974	2.2 NAME:	
TITLE:	NAME:	2.3 STREET ADDRESS:	
TITLE:	NAME:	2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	
TITLE:	NAME:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
TITLE:	NAME:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	
TITLE:	NAME:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
TITLE:	NAME:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	
TITLE:	NAME:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
TITLE:	NAME:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	
TITLE:	NAME:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
TITLE:	NAME:	6.4 CITY-ST-ZIP:	

14. 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, with all other like empowered.

SIGNATURE: *Betty Cooper* SIGNATURE REQUIRED DATE: **4-20-99** TELEPHONE: **(941) 763-1724**

CR2E034 (11/98)