

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

FILED
May 27 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P97000075438
 1. Corporation Name
Jax Custom Computer Corporation

| | |
|---|--------------------------------|
| Principal Place of Business <i>1701 The Greens Way Suite 713 Jacksonville Beach, 32250</i> | Mailing Address <i>Same</i> |
|---|--------------------------------|

DO NOT WRITE IN THIS SPACE

| | | |
|--|--|---------------|
| 2. Principal Place of Business 21 <i>1701 The Greens Way</i> Suite, Apt. #, etc 22 <i>Suite 713</i> City & State 23 <i>Jacksonville Beach</i> Zip 24 <i>32250</i> | 2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 <i>32250</i> | Country 30 |
|--|--|---------------|

| | | |
|---|---------------------------------------|-------------------------------|
| 3. Date incorporated or Qualified <i>8/29/97</i> | 4. FEI Number <i>59-3465798</i> | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name <i>Avitan Koziner</i> |
| 82 Street Address (P.O. Box Number is Not Acceptable) <i>1701 The Greens Way</i> |
| 83 <i>Apt 913</i> |
| 84 City <i>Jacksonville Beach FL</i> |
| 85 Zip Code <i>32250</i> |

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 officer of the corporation and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: *4/23/98*

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|--|---------------------------------|
| TITLE <i>President + Director</i> | <input type="checkbox"/> DELETE |
| NAME <i>Avitan Koziner</i> | |
| STREET ADDRESS <i>1701 The Greens Way Apt 913</i> | |
| CITY-ST-ZIP <i>Jacksonville Beach, FL 32250</i> | |
| TITLE <i>Vice President + Director</i> | <input type="checkbox"/> DELETE |
| NAME <i>Alexsandr Sorkin</i> | |
| STREET ADDRESS <i>1701 The Greens Way Apt 913</i> | |
| CITY-ST-ZIP <i>Jacksonville Beach, FL 32250</i> | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | <i>300002538713</i> |
| 5.4 CITY-ST-ZIP | <i>-05/28/98--01027--033</i> |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | <i>***150.00</i> |
| 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 omitted in compliance with an address.

SIGNATURE: *[Signature]* Avitan Koziner DATE: *4/23/98* (904) 205-6507

CR2E034 (10/97)