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

04-22-1999 90149 017 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P97000075438

1. Corporation Name
JAX CUSTOM COMPUTER CORP.



Principal Place of Business 1701 THE GREENS WAY STE. 713 JACKSONVILLE BEACH FL 32250	Mailing Address 1701 THE GREENS WAY STE. 713 JACKSONVILLE BEACH FL 32250
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/29/1997	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3465798	
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 14333-21 Beach Blvd	2a. Mailing Address 26 14333-21 Beach Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville FL	City & State 28 Jacksonville FL
Zip 24 32250	Country 25 USA
Zip 29 32250	Country 30 USA

9. Name and Address of Current Registered Agent
KOZINER, AVITAN
 1701 THE GREENS WAY
 APT. 913
 JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent
 81 Name **Avitan Koziner**
 82 Street Address (P.O. Box Number is Not Acceptable)
8343 Hogan Rd
 83 **APT #188**
 84 City **Jacksonville** **FL** 85 Zip Code **32216**

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 *Avitan Koziner* **Avitan Koziner** 1/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE PD	<input type="checkbox"/> DELETE
NAME KOZINER, AVITAN	
STREET ADDRESS 1701 THE GREENS WAY, #913	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME WAINKROOT, STEVE	
STREET ADDRESS 1701 THE GREENS WAY, #913	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8343 Hogan Rd, #188
1.4 CITY-ST-ZIP	Jacksonville FL 32216
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 checked="" type="checkbox"/> Addition
3.2 NAME	Vice President + Director
3.3 STREET ADDRESS	Aleksandr S. Sorokin
3.4 CITY-ST-ZIP	4463 Autumn River Rd Jacksonville, FL 32224
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	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *SIGNATURE REQUIRED* **SIGNATURE REQUIRED** 1/28/99 904-821-0012
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)