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FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90091 013 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000039469

1. Corporation Name  
JANDEG, INC.

Principal Place of Business  
1302-A W. BUSCH BLVD.  
TAMPA FL 33612

Mailing Address  
1302-A W. BUSCH BLVD.  
TAMPA FL 33612



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1998

4. FEI Number

59-3506650

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

9. Name and Address of Current Registered Agent

HINES, JAMES P  
315 SOUTH HYDE PARK AVE.  
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name  
Neil Gubitz  
82 Street Address (P.O. Box Number is Not Acceptable)  
1302-A W. Busch Blvd  
83  
84 City  
TAMPA FL 85 Zip Code  
33612

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0502, Florida Statutes.

SIGNATURE: *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

1/25/99

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D GUBITZ, JAY  
NAME GUBITZ, JAY  
STREET ADDRESS 10524 LONGWOOD DR.  
CITY-ST-ZIP LAS VEGAS NV 89134

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D GUBITZ, ELAINE  
NAME GUBITZ, ELAINE  
STREET ADDRESS 10524 LONGWOOD DR.  
CITY-ST-ZIP LAS VEGAS NV 89134

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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]* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 813-935-0445

CR2E034 (1/98)