

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

FILED  
May 14, 1999 8:00 am  
Secretary of State

05-14-1999 90004 037 \*\*\*150.00  
05-14-1999 90004 038 \*\*\*\*\*8.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # S92200

1. Corporation Name  
JIGSAW, INC.

Principal Place of Business  
4240 CHARLES SAMUEL DR  
TALLAHASSEE FL 32308  
US

Mailing Address  
4240 CHARLES SAMUEL DR  
TALLAHASSEE FL 32308  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/05/1991

4. FEI Number  
65-0298377  
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.  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOWNIE, SYDNEY  
901 NW 51ST ST  
POMPAHO BCH FL 33064

ADDRESS CHANGE

81 Name DOWNIE SYDNEY  
82 Street Address (P.O. Box Number is Not Acceptable)  
4240 CHARLES SAMUEL DR  
83  
84 City TALLAHASSEE FL 85 Zip Code 32308

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 Sydney Downie 30 APRIL 99  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for PSD DOWNIE, SYD and D DOWNIE, SYD.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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: Syd Downie PSD 30 APRIL 99 850-212-7370  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)