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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90238 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 212005

1. Corporation Name

Jimar, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
 5/5/98

| | | | |
|--|---|---|-------------------------------|
| 2. Principal Place of Business 5010 Bayshore Blvd. Suite, Apt #, etc. #4 City & State Tampa, FL Zip 33611 | 2a. Mailing Address 5010 Bayshore Blvd. Suite, Apt #, etc. #4 City & State Tampa, FL Zip 33611 | 4. FEI Number 59-6077207 | Applied For Not Applicable |
| Country 25 USA | | Country 30 USA | |
| 9. Name and Address of Current Registered Agent Intrastate Registered Agent Corp. 701 Brickell Avenue Miami, FL 33131 | | 10. Name and Address of New Registered Agent | |
| 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | 84 City | |
| | | 85 Zip Code | |

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|--|---|
| TITLE D NAME STREET ADDRESS CITY-ST-ZIP | Hollingsworth, Max H. 2405 Ardson Pl, #903 Tampa, FL 33629 <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE PDC NAME STREET ADDRESS CITY-ST-ZIP | Hollingsworth, James R. 7528 Easton Road Ottsville, PA 18942 <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VTSD NAME STREET ADDRESS CITY-ST-ZIP | O'Malley, Margaret 5010 Bayshore Blvd., #4 Tampa, FL 33611 <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D NAME STREET ADDRESS CITY-ST-ZIP | Hollingsworth, Ivy M. 2405 Ardson Pl, #903 Tampa, FL 33629 <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Margaret H. O'Malley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret H. O'Malley 4/27/99 (813)227-6647

Date

Daytime Phone #

CR2FORM (1/98)