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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 271895

JOWERS, INC.

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90062 046 ***150.00

JUWEHS	, INC.										
Principal Place	e of Business	Mailing Address					i design iinii şedel şicət iniin ini	01 0 141 01017 #1		(BIT BIRIL TREC	1
1802 EDGEWAT	1802 EDGEWATER DR ORLANDO FL 32804									İ	
ORLANDO FL 32804 ORLANDO FL 32804						- }	DO NOT WRIT	E IN THIS	SPACE		
						_3.	Date Incorporated or Qualifed 07/16/1963				
2. Principal Pl	lace of Business	2a. Mailing Address			_	4.	. FEI Number		Ap	plied For	١.
21		26	⊢ *			-	59-1009094	_	No	t Applicable	ا <u>ا</u>
Suite, Apt. #, etc.		Suite, Apt. #, etc.					. Certifcate of Status Desired		\$8.75 A		
22		27							Fee Re	quired	
City & State		City & State	City & State			6.	. Election Campaign Financing	П	\$5.00		
23		28					Trust Fund Contribution		Added t	o Fees	1
Zip	Country	Zip		ountry		8.	This corporation owes the curre	ent year Int		□No	
24	25	29	30				Personal Property Tax. Name and Address of New R	onistored			
l 	9. Name and Address of Curr	rent Registered Agent		81	Name	10	. Name and Address of New A	egistereu	riguit	-	
HAR	E, JOHN R.			"	TVAITIC	_					
1802 EDGEWATER DR.				82	Street Ad	ddress (I	P.O. Box Number is Not Accepta	ble)			
	ANDO FL 32804			83		 					ĺ
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	•			84	City			FL	85 Zip (Code	1
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11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	tes, the	above	a-named co	orporatio	on submits this statement for the	purpose of	changing its	registered	
	to the provisions of Sections 607.0 registered agent, or both, in the Sta	to of Florida Such change was	コリナカハロフ	ed hv	the comor	orporation's b	on submits this statement for the poard of directors. I hereby accept	purpose of t the appoi	changing its ntment as re	registered gistered	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.8.1999

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