


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

FILED

Feb 16, 1999 8:00am
Secretary of State

02-16-1999 90002 047 *****150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 280356 1. Corporation Name JAYHAWK INVESTMENTS CORP.					
Principal Place of Business 2736 FERRIN ROAD LAS VEGAS NV 89117			Mailing Address 6540 JEROME COURT MANASSAS VA 20112		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1964	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1036588	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
26		27		28	
29		30		31	
9. Name and Address of Current Registered Agent KALIS, NEAL 7320 GRIFFIN ROAD SUITE 109 DAVE FL 33314			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			FL		
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					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME P D'AGOSTINO, ANNE					
1.3 STREET ADDRESS 2736 FERRIN ROAD					
1.4 CITY-ST-ZIP LAS VEGAS NV 89117					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME VP D'AGOSTINO, DAVI M					
2.3 STREET ADDRESS 6540 JEROME COURT					
2.4 CITY-ST-ZIP MANASSAS VA 20112					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME S GRANT, TRACY LYNN					
3.3 STREET ADDRESS 3422 TIMOTHY LANE					
3.4 CITY-ST-ZIP RICHMOND TX 77569					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. D'Agostino
David M. D'Agostino

1/20/99

(202) 512-5431

Date

Daytime Phone #

CR2E034 (11/98)