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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 446569 1. Corporation Name

JAAS CORP.

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90102 028 \*\*\*150.00



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Principal Place of Business Mailing Address						-\$	ingi nini nini o		
748 WESTMORE	748 WESTMORELAND RD.	STMORELAND RD.							
DAYTONA BEAC		DAYTONA BEACH FL 32114				DO NOT WRITE IN THIS SPACE			
}						3. Date Incorporated or Qualifed	STACE	_	1
}						02/19/1974			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For	1
21						59-1515830	No	t Applicable	<i>=</i> .
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75		
22 27						5. Certificate of Status Desired	Fee Re	quired	
City & State		City & State			6. Election Campaign Financing	\$5.00	•		
23	Country	28				Trust Fund Contribution	Added t	o Fees	ļ
Zip	Zip .	Country			8. This corporation owes the current year in	tangible □ Yes	□No		
24	25		<u> </u>			Personal Property Tax.			
	9. Name and Address of Current	. registeren Agent	<del> </del>	31 Na	me	IV. Hame and redices of them registered		_	1
` SESS	NAV YNNHOL, NOIS						_		4
724 ORANGE AVENUE			1	32  Str	reet Addre	ss (P.O. Box Number is Not Acceptable)			
DAYTONA BEACH FL 32114-4773			1	33					1
						, <del></del>	Jan 3:- 0		-
}	,		18	34 Cit	У	Fi	85 Zip 0	-oue	Ì
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t					ned corpo	ration submits this statement for the purpose o	f 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: Reg					sture required	wher reinstating) DATE			9
12.	OFFICERS AND	D DIRECTORS	13.		1	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO Change	RS IN 12	1 5
TITLE	PD COUCH ICENSIVE MAIN	□ DETE IE	1.1 TITLE			•	C Country		1
NAME	SESSION, JOHNNY VAN				,				6
STREET ADDRESS	• . •			EET ADDF	(E222)				1 2
CITY-ST-ZIP	DAYTONA BEACH FL 32114 VPD	DELETE	2.1 TITL	'-\$T-ZIP_ F	<del></del>		Change	☐ Addition	1 5
NAME	ADAMS, JOE	<u>,                                    </u>	2.2 NAW						
STREET ADDRESS	-748-WESTMORELAND-ROAD			EET ADOF	ESS				<u> </u>
CITY-ST-ZIP	DAYTONA BEACH FL 32114		2. 4 CITY-ST-ZIP		1				
TITLE	SD .	☐ DELETE					☐ Change	Addition	]
NAME	ALLEN, COLUMBUS	;	3.2 NAW	IE .					
STREET ADDRESS			3.3 STREE		RESS				
CITY-ST-ZIP	DAYTONA BEACH FL 32114		3.4. CIT	Y-ST-ZIP					1
TITLE	TD	☐ DELETE	4.1 TITL	E	1		Change	☐ Addition	
NAME	JONES, CURTIS		4. 2 NA	ΛE					
STREET ADDRESS			4.3 STREE		RESS				{
CITY-ST-ZIP	DAYTONA BEACH FL 32114			-ST-ZIP					-
TITLE		☐ DĒLETE	5.1 TITL		-		Change	☐ Addition	
NAME			5.2 NAM	IE EET ADDF	eee				
STREET ADDRESS	;	,	ľ	EETADUM (-ST-ZIP	1000				
CITY-ST-ZIP		☐ DELETE	6.1 TITE		_		Change	☐ Addition	1
TITLE		[ ] ACTELE	6.2 NAM			•			
NAME CONCET ADDRESS				 EET ADDF	RESS				ĺ
STREET ADDRESS			)	-ST-ZIP					1
CITY-ST-ZiP	l		0.7011	J. 24					J

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 SOMING OFFICER OR DIRECTOR