

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 661366 (5)  
1. Corporation Name  
JI INC.

Principal Place of Business 1850 N. CENTRAL AVE TAX DEPT. 2249 PHOENIX AZ 85077-2249 US	Mailing Address 1850 N. CENTRAL AVE TAX DEPT 2249 PHOENIX AZ 85077-2249 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/24/1980	
21		26		4. FEI Number 59-1982851	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITHERLAND, JAMES M.	1.2 NAME	
STREET ADDRESS	1850 N. CENTRAL AVE., TAX DEPT 2249	1.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMART, CHRISTOPHER	2.2 NAME	
STREET ADDRESS	SUSSEX HOUSE, LONDON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST SUSSEX, ENG	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MARTIN	3.2 NAME	
STREET ADDRESS	SUSSEX HOUSE, LONDON RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST SUSSEX, ENG	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYRE, SCOTT E.	4.2 NAME	
STREET ADDRESS	1850 N. CENTRAL AVE., TAX DEPT. 2249	4.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ	4.4 CITY-ST-ZIP	
TITLE	VI	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, RONALD G.	5.2 NAME	
STREET ADDRESS	1850-N. CENTRAL AVE., TAX DEPT-2249	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE *JM Litherland* J.M. LITHERLAND, 4/30/98 (602) 207-5436

CR2E034 (10/97)