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

FILED Jun 29, 1999 8:00 am Secretary of State

06-29-1999 90008 001 ***550.00

DOCUMENT # F96521

J & D INTERNATIONAL, INC.

Principal Place	of Business	Mailing Address				91811 G1811 G1811 G1	/BIT B1811 1481
323 SE 17TH STREET 1323 SE 17TH STREET							
SUITE 444 SUITE 444					DO NOT MIDITE IN THIS SDACE		
FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 08/23/1982		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
1					59-2217957		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Rec	1
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
3 28					Trust Fund Contribution	Added to	o Fees
Zip	Country 25	Zip 30	¬ '		This corporation owes the current year In Personal Property Tax.		□No
*!	9. Name and Address of Curren		'l -		10. Name and Address of New Registered	Agent	
			81	Name			
SPENCER, DARRELL				Chart Add	ace (D.O. Boy Number in Not Accentable)		
12320 NW 2ND ST.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	•	
PLAN	VTATION FL 33325		83				
			L			— Table 2012	
			84	City	FI	85 Zip C	ode
agent. I a SIGNATURE	m familiar with, and accept the obliga	tions of, Section 607.0505, Florida	a Statutes	i. nt signature required			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
MUTE	PVD	☐ DELETE 1.1				☐ Change	☐ Addition
NAME	0. 2.10±1., ±1±2		1.2 NAME				
STREET ADDRESS	12320 NW 2ND ST.		1.3 STREE	TADDRESS			
CITY-ST-ZIP			1,4 CITY-S	T-ZIP			
TITLE		☐ DÉLETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS	•		
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP	<u> </u>		
TITLE		☐ DELETE	3.1 TITLE	İ		Change	☐ Addition
NAME		j	3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
DITY-ST-ZIP			3.4. CITY-5	ST-ZIP		Change	Addition
riffle		☐ DELETE	4.1 TITLE			☐ Change	Addition
VAME			4. 2 NAME	ĺ			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		□ DELETE	4.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE	-	☐ DELETE	5.1 TITLE 5.2 NAME				
NAME				T ADDRESS			
STREET ADDRESS			5.4 CITY-S		•		ł
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	1-21		☐ Change	Addition
TITLE		□ nerese	6.2 NAME			□	
NAME.	Ī			T ADDRESS			1
STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY-S	11-217	11007000	126 di - 4 di - 7	

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 the receiver of the corporation of the receiver of th