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 # F9800003144

1. Corporation Name

JUW SOUTHERN ENTERPRISES, INC.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90124 029 ***150.00

<u> </u>						_			
Principal Place of Business Mailing Add			ling Address	ess					
P.O. BOX 770697 P.O. BOX 770697									
ORLANDO FL 32877-0697 ORLANDO FL 32877-0697							DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualifed	
								06/04/1998	
2. Principal Place of Business 2a. Mailing Address								4. FEI Number Applied For	
21			26					56-1969589 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.75 Additional	
22			27					5. Certificate of Status Desired	
City & State			City & State					6. Election Campaign Financing \$5.00 May Be	
23			28					Trust Fund Contribution Added to Fees	
Zip Country			Zip Country					8. This corporation owes the current year Intangible	
24 25			29 30					Personal Property Tax.	
	9. Name and Address of Current	Regist	ered Agent					10. Name and Address of New Registered Agent	
000	DODATION CEDIACE COMPANY				81	Nam	В		
CORPORATION SERVICE COMPANY				82	Stree	t Addre	Address (P.O. Box Number is Not Acceptable)		
1201 HAYS STREET									
IALL	AHASSEE FL 32301-2525				83				
					84	City		85 Zip Code	
								FL 63 25 0000	
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								d when reinstation DATE	
40	Signature, typed or printed name of registered agent OFFICERS AND			Registered	Agen	t signatu	e required t	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	PC .	J. DINE	DELETE	1,1 Tr	ît F		Sa	Addition	
	WINEMILLER, JOHN L			1.2 N			Sa	ame as Box 12	
NAME	7 WOODS HILL DRIVE			•		ADDRES	s 36	008 Zaharias Drive	
STREET ADDRESS	TOWN AND COUNTRY MO 630	17		1.4 Cf			0	orlando. FL 32837	
CITY-ST-ZIP TITLE	V		☐ DELETE	2.1 TI		-211	500	Change Addition	
NAME	WINEMILLER, JOHN L III			2.2 N			54	ame as Box 12.	
	14328 COLONIAL GRAND BLVD) ΔΡΤ	3204	1		ADDRES	s 30	208 Zaharias Drive	
STREET ADDRESS	ORLANDO FL 32837	/-, /u i	0204	2.4 C				orlando, FL 32837	
CITY-ST-ZIP TITLE	V		DELETE	3.1 TI			Sa	Change Addition	
NAME	WINEMILLER, MICHAEL E			3.2 N	AME		5	eme as Box 12.	
STREET ADDRESS	14328 COLONIAL GRAND BLVD). APT	3204	3.3 \$1	REET	ADDRES	s 30	008 Zaharias Drive	
CITY-ST-ZIP	ORLANDO FL 32837	,,, , ,	-	3,4. C				rlando, FL 32837	
TITLE	S		☐ DELETE	4,1 TT			5	Change Addition	
NAME	WINEMILLER, GWENDOLYN B			4.2 N	AME		Sa	ame as Box 12	
STREET ADDRESS	7 WOODS HILL DRIVE			4,3 \$1	TREET	ADDRES	s 50	008 Zaharias Drive	
CITY-ST-ZIP	TOWN AND COUNTRY MO 630	17		4.4 CI	TY-S'	t-ZIP	O	rlando, FL 32837	
TITLE			☐ DELETE	5.1 TT				☐ Change ☐ Addition	
NAME				5.2 N	AME				
STREET ADDRESS	•			5,3 ST	TREE1	ADDRES	s		
CITY-ST-ZIP				5.4 CI	TY-S	T-ZIP			
TITLE			☐ DELETE	6.1 T	TLE			☐ Change ☐ Addition	
NAME				6.2 N	AME				
STREET ADDRESS				6.3 ST	REET	ADDRES	s		
				64 CI	TY-S	T. 7IP	ı		

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 change for on an attachment with an address, with all other like empowered.

SIGNATURE: