PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF/CORPORATIONS

FILED Jul 14, 1999 8:00 am Secretary of State

	1000	<u> </u>		– Secretary	of State	
DOCUMENT # F9800006186 V					07-14-1999 90002 046 ***550.00	
JARCON	I, INC.			_		
Principal Place	e of Business	Mailing Address			#101 #801# #F181 (188; 1814 #14) (4#1	
BOX 1662		BOX 1662				
PONTE VEDRA BEACH FL 32004 PONTE VEDRA BEACH FL 3			32004	2004 DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
				11/09/1998		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
26			22-2613871	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additional		
22		27		5. Certificate of Status Desired	Fee Required	
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		
24	25	29	30	Intangible Personal Property.	YesNo	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registe	red Agent	
DI N	ANT IOUN A		81 Name			
RUVANE, JOHN A			82 Street Address (P.O. Box Number is Not Acceptable)			
	QUAIL POINTE 1		3237	3237 Old Barn Rd. W.		
PON	ITE VEDRA BEACH FL 32082		83			
	•		84 City		85 Zip Code	
				FL 83 219 3000		
11. Pursuant	t to the provisions of sections 607.050	2 and 607.1508, Florida Statuto	es, the above-named com	poration submits this statement for the purpose	of changing its registered	
office or agent. I	registered agent, or both, in the State am familiar with, and accept the oblig	a of Flonda. Such change was jations of, section 607.0505, FI	autnorized by the corpora orida Statutes.	ation's board of directors. I hereby accept the a	opointment as registered	
SIGNATURE						
	Signature, typed or printed name of registered age		OTE: Registered Agent signature r			
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PC	L DELETE	1.1 TITLE		Change Addition	
NAME	RUVANE, JOHN A		1.2 NAME	3237 Bed Barn Rd.W.		
STREET ADDRESS	302 QUAIL POINTE 1		1.3 STREET ADDRESS	Jest our mount no a		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 320		1.4 CITY-ST-ZIP			
TITLE	S	<u></u> □ DELETE	2.1 TITLE		Change Addition	
NAME	RUVANE, ANNE B		2.2 NAME	3237 Old Barn Rd. W:		
STREET ADDRESS	302 QUAIL POINTE 1		2.3 STREET ADDRESS	3237 014 5011110 111		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 320		2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME*			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZîP			3.4 CITY-ST-ZIP		····	
TITLE	[L DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME		ساسار سارانجا	5.2 NAME	ويشيها بالمعوديسوينو يسوان الأراب الباب الميارات سيبان والهيد	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	
STREET ADDRESS	1		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME	1		6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZiP			
14. I hereby co	ertify that the information supplied with	h this filing does not qualify for t	the exemption stated in so	ection 119.07(3)(i), Florida Statutes. I further cer re shall have the same legal effect as if made u	tity that the information inder path; that I am	
an officer of	or director of the corporation or the re 2 or Block 13 if changed, or on an att	eceiver or trustee empowered t	o execute this report as a	required by Chapter 607, Florida Statutes; and	that my name appears	

SIGNATURE:

IGNATED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-99

Daytime Phone #