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 # G93142

LE !	י עץ י	☐ DELETE	1.1 TIFLE	- Criange	TO VOCUDION
ME	Polkowski, John S.		1.2 NAME		
REET ADDRESS	5488 58TH STREET NO		1.3 STREET ADDRESS		
Y-ST-ZIP	KENNETH CITY FL		1.4 CITY-ST-ZIP		'
LE		☐ DELETE	2.1 TITLE	Change	Addition 4
ME			2.2 NAME 1		
REET ADDRESS	· ·		2.3 STREET ADDRESS		
Y-ST-ZIP			2. 4 City-St-ZIP		
LE		☐ DELETE	3.1 TITLE	☐ Change	Addition
ME			32 NAME		
REET ADDRESS			3.3 STREET ADDRESS		
Y-ST-ZIP			34, CITY-ST-ZIP		
LE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
ME			4.2 NAME	•	}
REET ADDRESS			4.3 STREET ADDRESS		
Y-ST-ZIP			4.4 CITY-ST-ZIP		
LE		☐ DELETE	5.1 TITLE	Change	Addition
ME Î			5.2 NAME		
REET ADDRESS			5.3 STREET ADDRESS		1
Y-ST-ZIP			5.4 CITY-ST-ZIP		
LE '	Marie Carlos Car	☐ DELETE	6.1 TITLE	☐ Change	Addition
	[화학 등 42]		6.2 NAME		}
REET ADDRESS	TO BE SEED OF THE		6.3 STREET ADDRESS		

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90008 017 ***150.00

1. Corporatio	n Name	•						
JITCO, I	NC.							
								(
Principal Place of Business Mailing Address						- 1 1901111 0010 10100 11101 11011 01010 1101 0101 0101	I BIRLI BIRLI	
5488 58TH ST	NO	5488 58TH ST NO						
P O BOX 9485 P O BOX 9485								
KENNETH CITY	FL 33709	KENNETH CITY FL 33709				DO NOT WRITE IN THIS SPACE		
U\$ U\$						3. Date Incorporated or Qualifed		
						03/26/1984		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	<u> </u>	pplied For	
26						59-2385557		lot Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	•	Additional Required	
27								
City & Stat	e	├ , '	City & State			6. Election Campaign Financing	•	May Be
7:-	Country	28	Cou	ntn/		Trust Fund Contribution		to Fees
Zip		Zip		i iu y		8. This corporation owes the current year Intan	igibie ☑ Yes	□No.
4	9. Name and Address of Currer	29 29 Agent	30	_	·-	Personal Property Tax. 10. Name and Address of New Registered Ag		
	9. Name and Address of Curren	it Kadisteran Adeist		81	Name	to. Hame and Address of New Residence As		
POL	lkowski, John S.		ļ			<u> </u>		
	3 58TH STREET, NORTH			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	BOX 9485			83				
	NETH CITY FL 33709			"		·		
			[84	City	FL	85 Zip	Code
44 Dumisont	to the provisions of Costions 607.060	22 and 607 1509 Florida Statut	oc the al		-named comp	ration submits this statement for the purpose of ch	enging it	s registered
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthorized	by t	the corporation	n's board of directors. I hereby accept the appointr	nent as r	egistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Fig	inda Statu	ites.				
SIGNATURE	Signature, typed or printed name of registered ager	et and title if empireble (NOTE	· Danietorod	Acent	signature required v	when reinstating) DATE		
12.		ID DIRECTORS	13.	/ goi «	organica o regular ou r	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TIT	LE.			Change	
NAME	POLKOWSKI, JOHN S.		1.2 NA	ME				
STREET ADDRESS	5488 58TH STREET NO		1.3 ST	REET /	ADDRESS			
CITY-ST-ZIP	KENNETH CITY FL		1.4 CIT					
TITLE		☐ DELETE	2.1 TIT			. [Change	☐ Addition
NAME			2.2 NA	ME	,			
STREET ADDRESS	• •		2.3 ST	REET/	ADDRESS			
CITY-ST-ZIP			2.4 Cf		1			
TITLE		☐ DELETE	3.1 717				Change	☐ Addition
NAME			3.2 NA	WE				
STREET ADDRESS			3.3 ST	REET /	ADDRESS			
CITY-ST-ZIP			34, Cf		ł			ĺ
TITLE		☐ DELETE	4.1 TIT				Change	☐ Addition
NAME			4.2 N	ME	}			,
STREET ADDRESS			4.3 ST	REET/	ADDRESS			
C/TY-ST-ZIP			4.4 CIT	ry-st-	-ZIP			J
TITLE		☐ DELETE	5.1 TIT	_			Change	Addition
NAME			5.2 NA					
STREET ADDRESS			5.3 ST	REET	ADDRESS]
CITY-ST-ZIP			5.4 CIT	Y ST	-ZIP			
TITLE	Part of the late o	☐ DELETE	6.1 TIT	Æ			Change	Addition
NAME :	20% 18 42 C		6.2 NA	ME				}
	The state of		6.3 \$17	REET	ADDRESS			ļ
CITY-ST-ZIP.			6.4 CIT	Y-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, with all other like empowered.

SIGNATURE: SIGNATURE AND POED OF PRINTED N. John Poet ouski