## 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 # H06515

J T Y ENTERPRISES, INC.

Principal Place of Business 973 S. TROPICAL TRAIL

Mailing Address

973 S. TROPICAL TRAIL

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90004 034 \*\*\*150.00



MENNIII IOLAI	ND FL 32952	MERRITT ISLAND FL 32	952					•	
						DO NOT WRITE IN THIS SP.	ACE		
-						3. Date Incorporated or Qualifed			
<u>.</u>		1				06/05/1984	т-г.		
<b>├</b> ── '	Principal Place of Business 2a. Mailing Address					4. FEI Number		lied For	
21	26				59-2437415		Applicable		
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	8.75 Ad Fee Req		
22 . 27.								•	
City & Stat	te .	·	City & State			6. Election Campaign Financing \$5.00 May Be			
23 28			<del></del>			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible			
			30	30		Personal Property Tax.			
<u> </u>	9. Name and Address of Current	t Registered Agent		1		10. Name and Address of New Registered Age	ent		
,,,,	O A DUIGO	<b>·</b>		81	Name	• .			
JOE CARUSO				82 Street Address (P.O. Box Number is Not Acceptable)					
800 E. MERRITT ISLAND CSWY.				And the second s					
MEF	RRITT ISLAND FL 32952			83			20 1 1 2 3 1 5 5 1 1 1 8 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>生態機</b>	
				84	Cit.		35 Zip Co	ode 1	
	•			64	City	FL  °	SS ZIP C	oue	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Sta	itutes, the a	bove	-named corpo	pration submits this statement for the purpose of cha	inging its r	egistered	
office or r	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change wa	s authorized	d by t	the corporatio	n's board of directors. I hereby accept the appointment	ent as regi	istered	
	im familiar with, and accept the obligat	10/13 01, Qacilari 007.0000,	i longa otat	u				·	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (No	OTE: Registered	Agent	signature required	when reinstating) DATE			
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				RS IN 12	
	,						104		
TITLE	I SID	☐ DELETE	1.1 🏋	TLE	1		] Change	☐ Addition	
TITLE NAME	STD YACONO JUDITH FUZABETH	LI DELETE				<u> </u>	Junange	☐ Addition	
NAME	YACONO, JUDITH ELIZABETH	. C DELEIE	1.2 N	AME	ADORESS		j Unange	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP	YACONO, JUDITH ELIZABETH 973 S. TROPICAL TRAIL MERRITT ISLAND FL	•	1.2 NA 1.3 ST 1.4 CI	AME TREET		· · · · · · · · · · · · · · · · · · ·			
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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** 

CR2E034'(11/98)