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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90008 039 ***150.00

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DOCUMENT # H62155

1. Corporation Name
JAMBO, INC.



Principal Place of Business

5413 SHORE BLVD SOUTH
GULFPORT FL 33707
US

Mailing Address

~~230 WINDWARD ISLAND~~
~~CLEARWATER FL 34630~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1985

4. FEI Number

59-2621647

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 9501 MERRIMOOD BLVD

22 City & State

23

Zip

Country

27 Suite, Apt. #, etc.

28 City & State

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Zip

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9. Name and Address of Current Registered Agent

JACOBS, ARTHUR
~~230 WINDWARD ISLAND~~
~~CLEARWATER FL 33707~~

10. Name and Address of New Registered Agent

81 Name JACOBS, ARTHUR
82 Street Address (P.O. Box Number is Not Acceptable)
9501 MERRIMOOD BLVD
83
84 City LARGO FL 85 Zip Code 33777

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

Arthur Jacobs President *Arthur Jacobs* President

1-14-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	JACOBS, ARTHUR	230 WINDWARD ISLAND	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
PD	JACOBS, ARTHUR	9501 MERRIMOOD BLVD	LARGO, FL 33777

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: *Arthur Jacobs* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99 (727) 319-8833
Date Daytime Phone #

CR2E034 (1/98)