## 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

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90113 037 \*\*\*150.00

## 

DOCUMENT # H90660	
JLT PROPERTIES, INC.	

							(1811 BIB)	9101   BIDH 3501   1801			
Principal Place of Business Mailing Address								( 9:50: 5:50: 5:50: 5:50:			
11643 GROVE STREET SEMINOLE FL 33772-7137 US		11643 GROVE STREET SEMINOLE FL <del>24642 4131</del> 33:7722	7137			DO NOT WRITE IN THIS	SPAC	E			
			-			3. Date Ir corporated or Qualifed					
						12/18/1985					
2. Principa Place	e of Business	2a. Mailing Address				4. FEI Number		Applied For			
·	•	26				NOT APPLICABLE		Not Applicable			
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		.75 Additional ee Recuired			
City & Sate		City & State				6. Election Campaign Financing Trust Fund Contribution	•	5.00 May Be dded to Fees			
Zip	Country 25	Zip 29	Zip Country			This corporation owes the current year In     Personal Property Tax.	tangible	170			
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered	Agent				
				81	Name						
DAVIS, SHELDON P. 315 MADISON STREET				82	Street Acdre	ess (P.O. Box Number is Not Acceptable)					
SUITE 920 TAMPA FL 33602				83							
			i	84	City	Fl		Zip Code			
office or regis	stered agent, or both, in the S	.0502 and 607.1508, Florida Stati tate of Florida. Such change was bligations of Section 607.0505. F	authorized	by t	-named corpo he corporatio	poration submits this statement for the purpose of on's board of cirectors. I hereby accept the appoint	chang intmen	ing its r∋gistered t as reg⊧stered			

agent. a	im familiar with, and accept the obligations of, Section 607.	USUS, Florida	a Statutes.				
SIGNATURE	Signature, typed or printed haine of registered agent and title if applicable.	(NOTI:: Re	gistered Agent signature rec	guired when reinstating)		DATE	
12.	OFFICERS AND DIRECTORS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.		ANGES TO OFFICE	RS AND DIRECTOR	S IN 12
TITLE		ELETE	1.1 TITLE			Change	☐ Addition
NAME	TEVLIN, JOHN L.		1.2 NAME				
STREET ADDRESS	ALCAR COOKE CERET N		1.3 STREET ADDRESS				
CITY-ST-ZIP	SEMINOLE FL.		1.4 CITY-ST-ZIP				
TITLE		ELETE	2.1 TITLE			Change	Addition
NAME	_		2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
			2. 4 CITY- ST-ZIP				
CITY-ST-ZIP TITLE	Πρ	ELETE	3.1 TITLE			☐ Change	Addition
			3.2 NAME				
NAME			1				
STREET ADDRESS			3 3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP			☐ Change	Addition
TITLE		ELETE	4.1 THLE			□ onange	
NAME			4, 2 NAME				
STREET ADDRE: S			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE	] □□	ELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5,4 CITY-ST-ZIP				
TITLE		ELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				
OH I TO I LIFE							

14. Thereby 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 cartify that the information indicated on this annual report or supplemental ε nnual 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 ε xecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of on an apacit ment with an address, with a lother like empowered.

SIGNATURE: