

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90048 043 ***158.75

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DOCUMENT # J57994

1. Corporation Name
JAFIT ENTERPRISES, INCORPORATED

Principal Place of Business
9543 LAKE DOUGLAS PLACE
ORLANDO FL 32817-2628
US

Mailing Address
PO BOX 677924
ORLANDO FL 32867-7924
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/19/1987

4. FEI Number
59-2777920

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, M.J. DR.
11634 SARITA COURT
ORLANDO FL 32817

81 Name
M. J. JOHNSON

82 Street Address (P.O. Box Number is Not Acceptable)
9543 LAKE DOUGLAS PLACE

83

84 City
ORLANDO

FL

85 Zip Code
32817-2628

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

[Signature]

3/1/99

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDCS ☐ DELETE
NAME JOHNSON, QUIN B.
STREET ADDRESS 11634 SARITA COURT
CITY-ST-ZIP ORLANDO FL 32817-3514

1.1 TITLE COST ☒ Change ☐ Addition
1.2 NAME QUIN B. JOHNSON
1.3 STREET ADDRESS 9543 LAKE DOUGLAS PLACE
1.4 CITY-ST-ZIP ORLANDO, FL 32817-2628

TITLE T ☐ DELETE
NAME JOHNSON, QUIN B.
STREET ADDRESS 11634 SARITA COURT
CITY-ST-ZIP ORLANDO FL 32817-3514

2.1 TITLE P ☐ Change ☒ Addition
2.2 NAME M. J. JOHNSON
2.3 STREET ADDRESS 9543 LAKE DOUGLAS PLACE
2.4 CITY-ST-ZIP ORLANDO, FL 32817-2628

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 empowerings.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

3/1/99

407-651-4306

Daytime Phone #

CR2E034 (11/98)