PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90064 042 ***150.00

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J91431**

1. Corporation Name

STREET ADDRESS

SIGNATURE:

J B SOFTWARE SERVICES, INC.

Principal Place	of Business	Mailing Address	Mailing Address					
% BRIAN LYNN CPA, PA TWO SO. UNIVERSITY DR., STE. 215 PLANTATION FL 33324		% BRIAN LYNN CPA, PA TWO SO. UNIVERSITY DR., STE. 215 PLANTATION FL 33324			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 09/04/1987			
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address				pplied For	
21		26	26			00 2001102	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			E Contiforto of Status Decired	Additional	
22		27				ree F	Required	
City_& State	سيسار بالراز أوالحيجي البيان والهالج	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23	<u> </u>	28					to Fees	
Zip	Country	Zip	Country			This corporation owes the current year Intangible Personal Property Tax. Yes	□No	
24	25	29	30	_		Personal Property Tax. 10. Name and Address of New Registered Agent		
	9. Name and Address of Curre	nt Registered Agent		81	Name	To. Name and Address of New Registered Agent		
LYNN, BRIAN, CPA						··		
). UNIVERSITY DR.		82 Street Add		Street Addre	Idress (P.O. Box Number is Not Acceptable)		
SUIT			83		productive description of the second of the			
PLAN								
	,			84	City	FL 85 Zip	Code	
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	<u></u>							
	Signature, typed or printed name of registered age		: Registered	Agent	t signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12	
12.	PTS OFFICERS AI	ND DIRECTORS	1.1 TD	ΠF		: Change		
NAME	BENNETT, JOANIE	1.2 N				_ ,		
	11512 LAKE RIDGE RD			1.3 STREET ADDRESS		. •		
STREET ADDRESS	TAMPA FL		•	1.4 CITY-ST-ZIP		<u>336 8</u>	_	
CITY-ST-ZIP	VD DELETE 217			- 211	Change	Addition		
NAME	BENNETT. JOANIE					- 1		
STREET ADDRESS				2.3 STREET ADDRESS				
CITY-ST-ZIP TAMPA FL			2. 4 CFT		- 1	33618		
TITLE			3.1 TI	_		☐ Change	Addition	
NAME	والمواجع والمعلوم والمراجع المامي المواجع والمحاج والم		3.2 N			ان با داده در		
STREET ADDRESS			3.3 S1	REET	ADDRESS			
CITY-ST-ZIP	,	•	3.4. C	1TY-5]	r-zip			
TITLE	☐ DELETE 4.1		4.1 TT	TLE		☐ Change	Addition	
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 S1	REET	ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-ST	-ZIP			
TITLE	_		5.1 TI			Change	Addition	
NAME			5.2 N/			•	J	
STREET ADDRESS		ė.			ADDRESS		j	
CITY-ST-ZIP				TY-SI	-ZIP			
TITLE		☐ DELETE	6.1 Tr			☐ Change	Addition	
NAME			6.2 N	AME				

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 or an attachment with an address, with all other like empowered.

KAnture requered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR