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1999



FLORIDA DE PARTMENT DE STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

99 FEB 25 PM 2: 19

SLOR TY HE STATE TALLAHASSEE, FLORIDA

**DOCUMENT #** J99213

1. Corporation Name

City & State

Zip

24

NAME

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

CITY-ST-ZIP

JPC DEVELOPMENT CORPORATION

Principal Place of Business				
431 EAST HORATIO AVENUE				
MAITLAND, FL 32751				
2. Principal Place of Business				
21				
Suite, Apt. #, etc				

Country

9. Name and Address of Current Registered Agent

25

Mailing Address 431 EAST HORATIO AVENUE

MAITLAND, FL 32751

2a.	Mailing Address			
26	-			
27	Suite, Apt. #, etc.			
28	City & State			
28	Zφ	r	Country	

30

DO NOT WRITE IN THIS SPACE

3. Date Incorporates or Qualified. OCTOBER 28, 1987

4. FEI Number 59-2857001

Applied For Not Applicable \$8.75 Additional

**EINo** 

5. Certificate of Status Desired.

Lee Required \$5.00 May Be

6. Exection Campaign Financing Trust Fund Contribution 8. This corporation tiwes the current year intangible

Added to Fees

85 Zip Code

Personal Property Lax [ | Yes

red Agent

	10. Name and Address of New Registe
81	MICHAEL J. SULLIVAN
82	Street Address (P.O. Box Number is Not Acceptable) 111 NORTH ORANGE AVENUE
83	MICHAEL J. SULLIVAN Street Address (P.O. Box Number is Not Acceptable) 111 NORTH ORANGE AVENUE 20th FLOOR ORLANDO
84	ORLANDO ORLANDO

32801 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature typed or glinted Unite of redistered a pint and lide of applicable		MICHAEL J. SULLIVAN (NOTE Registered Agent's point or requirement)		
12.	OFFICERS AND DIRECTORS	5	13.		
TITLE	P/D	[ ] DELETE	11 THE		
NAME	CUENANT, JEAN PIERRE		1.2 NAME		
STREET ADDRESS	431 EAST HORATIO AVENUE		13.51 KEEL ADORESS		
CITY-ST-ZiP	MAITLAND, FL 32751		14 Crn - \$1-2e		
TITLE		[   DEFE LE	2.1 THLE		
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADORESS		
CITY-\$1-ZIP			2 4 City-St-ZiF		
TITLE		[ ] DELETE	3.1 Tatle		

3.2 NAME 3.3 STREET ADDRESS 34 CITY-S1-ZIF [ | DELFTE 4.1 Tr1LE 4 2 NAME 4.3 STREET ADDRESS 4.4 Och - \$1,769 I I DE LE TE 5 1 1000 5.2 NAME

54 CITY-\$1-ZIP

6.1 TIT: F

6.2 NAME

53 STREET ADORESS 63 STREET ADDRESS FEBRUARY 23, 1999

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [ {Change | [ | Adobon

[ | Change | [ | Acathur

800002787628----02/25/99--01085--001 \*\*\*\*150.00 \*\*\*\*150.00 [ Change | [ | Addition

> [ | Crang-Addisor

[ | Change [ [Add to 6

64 City-S1-2i-CITY-ST-2IP 14. Thereby certify that the information supplied with this fling 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 togal 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 attachingent with an address, with all other like empowered.

[ ] DELETE

SIGNATURE:

JEAN PIERRE CUENANT NAME OF SIGNING OFFICER OR DIRECTOR

(407) 644-6770

Constitution Francis #