

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90183 009 \*\*\*\*61.25

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1. Corporation Name

JUMPSTART FUTURES, INCORPORATED

Principal Place of Business

14519 THORNFIELD CT  
TAMPA FL 33624

Mailing Address

14519 THORNFIELD CT  
TAMPA FL 33624



2. Principal Place of Business

21 202 E. Comanche Ave

2a. Mailing Address

26 P.O. Box 272166

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt. A

27

City & State

23 Tampa, Florida

City & State

28 Tampa, Florida

Zip

24 33604

Country

25 U.S.A.

Zip

29 33688

Country

30 Hillsborough USA

3. Date Incorporated or Qualified

04/13/1998

4. FEI Number

59-3542516

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

STEWART HOBBIIE, GILDA  
14519 THORNFIELD CT  
TAMPA FL 33624

81 Name

Gilda Stewart

82 Street Address (P.O. Box Number is Not Acceptable)

202-A East Comanche Ave.

83

84 City

Tampa

FL

85 Zip Code

33604

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Gilda Stewart, President/CEO

4-15-1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change

Addition

Director

Alton B. Thomas, Ph.D.

6113 OAK CLUSTER

Tampa, Florida 33615

Director

Gilda Stewart

202-A E. Comanche Ave.

Tampa, Florida 33604

D

Kledzik, Peggy

7809 N. Jamaica St.

Tampa, Florida 33614

Change

Addition

Change

Addition

Change

Addition

Change

Addition

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-1999

Date

813-760-2681

Daytime Phone #

CR2E037 (11/98)