


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90076 003 ***150.00

009365

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P38331					
1. Corporation Name S B JAX, INC.					
Principal Place of Business 604 COURTLAND ST. STE. #138 ORLANDO FL 32804-1318 US			Mailing Address 604 COURTLAND ST. STE. #138 ORLANDO FL 32804-1318 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/14/1992	
22 2750, SO NORTH LAURA STREET		27 2750, SO NORTH LAURA STREET		4. FEI Number 59-3103569	
23 JACKSONVILLE, FLORIDA		28 JACKSONVILLE, FLORIDA		Applied For Not Applicable	
24 32202		29 32202		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MOTOLAN, INC 1301 RIVERPLACE BLVD STE 1301 50 N. LAURA ST, 3300 BARNETT CENTER JACKSONVILLE FL 32207			81 Name MOTOLAN INC.		
			82 Street Address (P.O. Box Number is Not Acceptable) SO NORTH LAURA STREET		
			83 JACKSONVILLE		
			84 City FL		
			85 Zip Code 32202		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	CHARTOUNI, NABIL				
STREET ADDRESS	73 BROOK STREET				
CITY-ST-ZIP	LONDON W1				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SUTHERLAND, BARBARA				
STREET ADDRESS	73 BROOK STREET				
CITY-ST-ZIP	LONDON W1				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	VINOD, VAGHADIA				
STREET ADDRESS	73 BROOK STREET				
CITY-ST-ZIP	LONDON W1				
TITLE	AT	<input type="checkbox"/> DELETE			
NAME	EWING, KEITH				
STREET ADDRESS	604 COURTLAND ST STE 138				
CITY-ST-ZIP	ORLANDO FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
5.2 NAME VP CHARTOUNI, CAMERON					
5.3 STREET ADDRESS 73 BROOK STREET					
5.4 CITY-ST-ZIP LONDON W14 1YE ENGLAND					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

APRIL 28 1999

Date Daytime Phone #

CR2E034 (11/98)