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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 12 1997 8:00am

Secretary of State

4/29/97 (941) 566-3131

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # P92000011255 (6)

JAT HOLDINGS, INC.

| Principal Flace of Business Mailing Address | | | | | | | - 1 10087006 110 1010 11011 0088 0081 0081 0081 1011 1100 11016 11016 11016 1101 | | | | | |
|---|---|--|---|---|-----------------------|----------------------------------|---|-----------------------------|----------------------------|-----------------------------|--|--|
| 801 LAUREL OF SUITE 640 | | SUITE 640 | 801 LAUREL OAK DRIVE SUITE 640 | | | | ۰ | | | | | |
| NAPLES FL 32969 34/08 NAPLES FL 34108-2707 | | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 12/11/1992 05/01/1996 | | | | | |
| 2. Principal P | lace of Business | 2a. Mailir | 2a. Mailing Address | | | | 4. FEt Number | 1, - | | oplied For | | |
| 21 | | 26 | | | | | 65-0378394 | | No | ot Applicable | | |
| Suite, Apt. | #, etc | Suite 27 | , Apt. #, etc. | | | | 5. Certificate of Status Desired | (28 | \$8.75 A | Additional equired | | |
| City & State 23 | e | City 8 | & State | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added t | May Be to Fees | | |
| Zφ | Country | Zıp | | Cou | ntry | | 8. This corporation has liability for | intangible t | ax under s | . 199.032, | | |
| 24 | 25 | 29 | | | | | | | | es 🔲 No | | |
| | 9. Name and Address of Curr | rent Registered | Agent | | 61 | Nama | 10. Name and Address of New Ro | gistered A | gent | | | |
| | DOWARD, MARK J | | | | וים | Name | | | | | | |
| | DOWARD, PIRES & ANDERSOI | | | | 82 | Street Addr | ess (P.O. Box Number is Not Accepta | ole) | | | | |
| 801 | LAUREL OAK DRIVE, SUITE 6 | 4 U | | | 83 | | | | | | | |
| NAP | LES FL 33983 34/08 | | | | | | | | | | | |
| | | | | | 84 | City | | FL | 85 Zip (| Code | | |
| office or r agent. La | to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the ob- | 502 and 607.150 ate of Florida. Sul ligations of, Sect | 08. Florida Statu ch change was ion 607.0505, F | ites, the al authorized forida Stat | bove d by tutes | e-named corp the corporati | oration submits this statement for the ion's board of directors. I hereby acce | ourpose of pt the appo | changing it intment as | ts registered registered | | |
| SIGNATURE | Signature, typed or princed name of registered | agent and title if applic | able. (NO | TE: Registere | d Age | nt signatura require | ed when reinstaling) | DATE | ······· | | | |
| 12. | OFFICERS / | AND DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OFF | CERS AND | DIRECTOR | RS IN 12 | | |
| THE | D | | DELETE | 1.1 TC | TLE | | | | Change | Addition | | |
| NAME | WOODWARD, MARK J | | | 1.2 N | AME | | | | | | | |
| STREET ADDINESS | 801 Laurel oak Drive, Si | | | 1.3 \$1 | REET | ADDRESS | | | | | | |
| CHY+S1-2(P | NAPLES FL 33963 34/0 |) { | | 1.4 C | TY-SI | 7-2iP | | | | | | |
| TITLE | D | | DELETE | 2.1 TI | TLE | | | | Change | Addition | | |
| NAME | PIRES, JR. A P | | | 2.2 N/ | AME | | | | | | | |
| STREET ADDRESS | 801 LAUREL OAK DR., STE | 640 | | 2.3 \$1 | TAEET | ADDRESS | | | | | | |
| CHY-S1-74P | NAPLES FL 34/08 | | T 1 55. 575 | 2.40 | | ST - ZIP | | | | T Landers | | |
| TIME | | | ☐ DELETE | 3.1 10 | | | | | Change | L Addition | | |
| NAME | | | | 3.2 N/ | | | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | | |
| COY-ST-7IP TITLE | | ······································ | DELETE | 3.4. C 4.1 Ti | | 51 - ZIP | | | Change | Addition | | |
| NAMÉ | | | - DECEME | 4.1 JI | | | | 1 | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | | |
| | | | | | 17Y-S | | | | | | | |
| C:TY-ST-7IP TITLE | | | DELETE | 5.1 11 | | · L'' | | | Change | Addition | | |
| NAME | | | | 5.2 N | | | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | | |
| CHY-SI-ZIP | | | | | ITY - S | | | | | | | |
| TITLE | | | DELETE | 6.1 10 | | | | | Change | Addition | | |
| NAME | | | | 6.2 N | AME | | | | | | | |
| STREET ADDRESS | | | | 6.3 S | TREET | ADDRESS | | | | | | |
| CITY - ST - ZIP | | | | | ITY-S | | | | | | | |
| 14. I do here | by certify that the information supp | lied with this filin | g does not qua | lify for the | exe | mption stated | d in Section 119,07(3)(i), Florida Statut | s. I further | certify that | the | | |
| Lam an c | on indicated on this annual report of officer or director of the corporation in Block 12 or Block 13 if changed | or the receiver of | or trustee empo | wered to e | accu exec | irate and that ute this repor | t my signature shalf have the same leg rt as required by Chapter 607, Florida | ai eπect as Statutes; ar | if made un id that my i | ider dath; that name | | |