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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000085117

1. Corporation Name

JAG ASSOCIATES, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90212 050 ***150.00



Principal Plac	e of Business	Mailing Address									
3600 SHADY L											
PALM HARBOR				DO NOT WRITE IN THIS SPACE							
						3. Date Incorpo	rated or Qualifed	-			7
					- 1	12/06/199	3				
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	19 x 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	• _ 	∵ Ap	plied For].
21 34//	Sweetwater Train		cate	Tra	<u>i (</u>	<u>59-321625</u>	6			t Applicable	1
Suite, Apt. #, etc. Suite, Apt. #, etc.					1	5. Certifcate of	Status Desired		\$8.75		1
22 City 8 Ctal							Fee Re	<u>'</u>	-		
City & Stat	1	=1		Election Cam Trust Fund C			\$5.00 Added 1	•	Ì		
Zip	Coun	trv .	-	8. This corporat		rent vear into			Ì		
24 337	P	nella	5	Personal Pro		ieni year ma	Yes	₩No			
<u></u>	9. Name and Address of Current		7	71		0. Name and A		Registered A	Agent		1
				81 Name		a .					Ī
GEN	<u> </u>	B2 Street	Address	(P.O. Box Numb	er is Not Accept	able) .			1		
3600 SHADY LANE				3411	3	weet	sater_	Trail]
PALM HARBOR FL 34683				83	_	j.	, ,				
			- h	B4 City 🖊	<u> </u>	· +			85 Zip (Code	┨
				1 7		rwaler		<u>FL</u>	33	3761	1
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State o	and 607.1508, Florida Statutes f Florida, Such change was auth	, the ab	ove-named	corpora	tion submits this	statement for the	purpose of of the appoir	changing its	registered aistered	1
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statut	es.	J. Q. (10.11 0	50214 07 07 500		P1 010 PP		3.4.4	
SIGNATURE			<i></i>								1
12	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS			egistered Agent signature required		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					- É
12.	PD OFFICERS AND	DELETE	1.1 TITL	F		ADDITIONS/C	TIANGES TO OF	TICENS AN	Change	Addition	13
NAME	GENOVESE SUSAN L		1.2 NAM						_	<u></u>	3
STREET ADDRESS	0000 011404 114			EET ADDRESS	341	, Swee	twater	Trai	1		8
CITY-ST-ZIP	PALM HARBOR FL			-ST-ZIP	ر ان	ear wate	25 F1	3370	61		١
TITLE	D	☐ DELETE	2.1 TITL						Change	Addition	7
NAME	JOHN A. GENOVESE		2.2 NAM			· .	الساء الشا				
STREET ADDRESS	0000 011451/ 1 4115			EET ADDRESS	34	11 Swe	etwater	Tra	1		
CITY-ST-ZIP	PALM HAARBOL FL			Y-ST-ZIP	Ċ	ويد عوما	Jec F	33	761 -		
TITLE	I THEM THOUSE TE	☐ DELETE	3.1 TITL			1001 -0 -			[] Change	[] Addition	1
NAME			3.2 NAM	ε							
STREET ADDRESS			L	EET ADDRESS							}
CITY-ST-ZIP				Y-ST-ZIP							
TITLE		☐ DELETE	4.1 TITL				_		Change	Addition	1
NAME			4. 2 NA/	Æ .							ļ
STREET ADDRESS			4.3 STR	EET ADDRESS							
CITY-ST-ZIP			4.4 CITY	-ST-2IP							ľ
TITLE		☐ DELETE	5.1 TITL			- >			Change	Addition	1
NAME			5.2 NAM	E							
STREET ADDRESS			5.3 STR	EET ADDRESS							
CITY-ST-ZIP			5.4 CITY	-ST-ZIP		_	_	_			}
TITLE		☐ DELETE	6.1 TITL	E					Change	Addition]
NAME			6.2 NAW	E							
STREET ADDRESS		· ·	6.3 STR	EET AODRESS							}
CITY OF TIP	1		64 CITY	ST. 7IP							1

14. 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 any address, with all other like empowered.

SIGNATURE: