Applied For

\$8.75:Additional:

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

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 # P9400038861

Country

25

1. Corporation Name JCC (AMERICA), INC.

City & State

23

Principal Place of Business Mailing Address 9853 N. TAMIAMI TRAIL 9853 N. TAMIAMI TRAIL NAPLES FL 34108 NAPLES FL 34108 US 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 22

28

29

City & State

Zip

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90144 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

05/19/1994

65-0495608

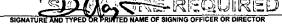
4. FEI Number

24	25	25 29			Personal Property Tax.						
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Ag					Agent	
CLAYDEN, DAVID H 106 WESTWOOD DRIVE NAPLES FL 34108				81 82 83 84	City		s (P.O. Box Numb		FL	85 Zip Co	
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	gistered Agen	t signatur o re	equired w	hen reinstating)		DATE					
12.		OFFICERS AND DIRE	CTORS	13.			ADDITIONS/C	HANGES TO C	FFICERS AN		
TITLE	DP		☐ DELETE	1.1 TITLE	\neg					Change	☐ Addition
NAME	CLAYDEN, D	CLAYDEN, DAVID H		12 NAME	l						
STREET ADDRESS	106 WESTWOOD DRIVE			1.3 STREET	ADDRESS						}
CITY-ST-ZIP	NAPLES FL			1.4 CITY-S	Γ∙Z₹P						
TITLE	DST □ DELETE 2.1 T		2.1 TITLE						Change	☐ Addition	
NAME	KRIJNEN, JA	ntina		2.2 NAME		,			~ ÷	-	
STREET ADDRESS	106 WESTWO	OOD DRIVE	•	2.3 STREET	ADDRESS						
CITY-ST-ZIP	NAPLES FL :	34110		2. 4 CITY- 9	T-ZIP						
TITLE		<u></u>	☐ DELETE	3.1 TITLE						Change	☐ Addition
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREET	ADORESS						
CITY-ST-ZIP				3.4. CITY- 9	T-ZIP						- A 1476
TITLE			☐ DELETE	4.1 TITLE						Change	☐ Addition
NAME	}			4, 2 NAME							
STREET ADDRESS				4.3 STREET	FADDRESS						
CITY-ST-ZIP				4.4 CITY-S	T-ZiP		-				- Addition
TITLE .	}		☐ DELETE	5.1 TITLE						☐ Change	☐ Addition
NAME				5.2 NAME	r annorce						
STREET ADDRESS					F ADDRESS						
CITY-ST-ZIP 1 2-	1 mg - 12 f			5.4 CITY-S	1-ZIP		_			("T Change	[Addition
TITLE			☐ DELETÉ	6.1 TITLE 6.2 NAME						Change	Addition
NAME	17 July 11/15				r address :						
STREET ADDRESS				6.4 CITY-S							
CITY-ST-ZIP		formation supplied with this f	iling does not qualify for th			lin Se	ction 119 07/31(i)	Florida Statutes	L further cer	tify that the in	formation

Country

30

indicated on this annual report or supplied with this limits does not quality for the exemption stated in Section 1.18.07(3)(f), notice statutes, indicated so this 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.



2-5-1999

517 -1937

Daytime Phone #