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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90026 037 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P94000056362

1. Corporation Name
JEAN ARTHUR ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1450 TUSKA WILLARD
 STE 112
 WINTER SPRINGS FL 32708
 US

Mailing Address
1513 FOX GLEN DRIVE
 WINTER SPRINGS FL 32708
 US

3. Date Incorporated or Qualified
07/26/1994

4. FEI Number
59-3250252

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 1450 Tuskawilla Road

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

ARTHUR, H J
1513 FOX GLEN DRIVE
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DP	ARTHUR, JEAN A	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1513 FOX GLEN DRIVE	1513 FOX GLEN DRIVE	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
WINTER SPRINGS FL	WINTER SPRINGS FL		
DV	ARTHUR, LOUISE S	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1513 FOX GLEN DRIVE	1513 FOX GLEN DRIVE	2.1 TITLE	2.2 NAME
WINTER SPRINGS FL	WINTER SPRINGS FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
DST	ARTHUR, H J	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1513 FOX GLEN DRIVE	1513 FOX GLEN DRIVE	3.1 TITLE	3.2 NAME
WINTER SPRINGS FL	WINTER SPRINGS FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
DV	HARRY, III A	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
988 SEQUOIZ CT	988 SEQUOIZ CT	4.1 TITLE	4.2 NAME
WINTER SPGS FL 32708	WINTER SPGS FL 32708	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

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: *H. J. Arthur* **H. J. ARTHUR** 4-25-99 (407) 366-5461

DATE: 4-25-99 DAYTIME PHONE #: (407) 366-5461

CR2E034 (1/98)