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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000086560 (7)

FILED Apr 22 1998 8:00am Secretary of State

JAC AN	ID SON, INC.				
Principal Place	of Business	Mailing Address		- 1 10041901 LLC 10111 81841 00111 68111 00111 86401 1	<u> </u>
5332 22ND AVE S ST. PETERSBURG FL 33707 US		5029 29TH AVE S ST. PETERSBURG FL 33707 US		DO NOT WRITE IN THIS SPACE	
}				3. Date Incorporated or Qualified	
2. Principal Place of Business		2a, Mailing Address		11/30/1994 4. FEI Number	Applied For
21		26		59-3276050	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	· pu	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ	Country	Zip	Country	8. This corporation owes or has paid the o	_ · _ ·
24	9. Name and Address of Curr	29	30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
		our undistring Whelir	81 Name	(U. Nome Bild Address of New Registers	o Agent
JACKSON, ELIZABETH J 5332 22ND AVE. S.					
ST. PETERSBURG FL 33707			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
J	TELLIODONO TE OUTO		83		·
			84 City		85 Zip Code
			J. J. J.	F	L O E O O O O
SIGNATURE	egistored agent, or bish, in the sta in familiar with, and accept the obli- Signature typed or printed have at registered a		authorized by the corporal lorida Statutes. III: Registered Agent signature require	ion's board of directors. I hereby accept the a	ppointment as registered
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	0	L_] DELETE	: 1.1 TITLE		Change Addition
NAME	Jackson, Elizabeth J 5029 29th Ave. S.		1.2 NAME		
STREET ADDRESS	ST. PETERSBURG FL 33707	,	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY - ST - ZIP 2.1 TIFLE		Change Addition
NAME	SONOGI, EIJI		2 2 NAME		
STREET ADDRESS	5029 29TH AVE. S.		2 3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33707	<u> </u>	2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHTY-ST-ZIP		DELFTE	3.4 CITY-ST-ZIP		Change Addition
TITLE NAME		□ vittit	4.1 TITLE 4.2 NAME		Clemande Clyddion
STREET ADDRESS			4.2 NAME. 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby 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 supplierworlal annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee employment 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