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

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90090 005 ***150.00

DOCUMENT # P95000016716

1. Corporation Name

J. A. L. O. ENTERPRISES, INC.

Principal Place of Business Mailing Address							
556 KINGSLEY			•				
556 KINGSLEY AVENUE 556 KINGSLEY AVENUE ORANGE PARK FL 32073 ORANGE PARK FL 32073							
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
1							03/01/1995
Principal Place of Business 2a. Mailing Address					•	4. FEI Number Applied For	
21		26	26				59-3310387 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 Additional
22		27	27				5. Certificate of Status Desired Fee Required
City & Stat	te	City & State					6. Election Campaign Financing \$5.00 May Be
23 28							Trust Fund Contribution Added to Fees
Zip	Country Zip C			Cou	intry	′	8. This corporation owes the current year Intangible
24	25 29 30			30			Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Current	Registere	ed Agent				10. Name and Address of New Registered Agent
	NOE WAVE D 500				81	Name	9
	NCE, WAYNE D ESQ.				82	Street	t Address (P.O. Box Number is Not Acceptable)
6353-2 ARGYLE FOREST BLVD.					02	Sueer	a Address (F.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32244							
							vormet 4.4.
					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 register 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							d corporation submits this statement for the nurpose of changing its 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		<u>-</u>	_	Agen	nt signature re	a required when reinstating) DATE
12.	OFFICERS AND	DIRECTO		13.		Т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D CHICK MARKS T		☐ DELETE	1.1 TN	TLE		☐ Change ☐ Addition
NAME	QUICK, JAMES T			1.2 NA	ME		
STREET ADDRESS	556 KINGSLEY AVENUE			1.3 ST	REET	ADDRESS	3
CITY-ST-ZIP	ORANGE PARK FL 32073		<u>-</u>	1.4 CF	TY-ST	T- ZIP	
TITLE			☐ DELETE	2.1 TIT	ΊE		☐ Change ☐ Addition
NAME .				2.2 NA	ME		
STREET ADDRESS				2.3 ST	REET	ADDRESS	s , ,
_CITY-ST-ZIP				2.4 CI	TY-S	T-ZIP	
-TITLE			DELETE	- 3.1-TIT	LE.		Change Addition
NAME				3.2 NA	ME		
STREET ADDRESS				3.3 ST	REET	ADDRESS	,
CITY-ST-ZIP				3.4. CI			
TITLE			☐ DELETE	4.1 TIT		- Lar	☐ Change ☐ Addition
NAME				4. 2 NA			. Change Addition
STREET ADDRESS				E .		4000500	
						ADDRESS	
CITY-ST-ZIP			□ DELETE	4.4 CIT		-ZIP	
TITLE			☐ DELETE	5.1 TIT			☐ Change ☐ Addition
NAME				5.2 NA			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP				5.4 CIT		-ZIP	
TITLE			☐ DELETE	6.1 TIT	LE	T	☐ Change ☐ Addition
NAME				6.2 NA	ME	.	
STREET ADDRESS				6.3 STI	REET	ADDRESS	
CITY-ST-ZIP				6.4 CIT	Y-ST	-ZIP	
	autification information and the design	M.T. PP					

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.