PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000020102

1. Corporation Name

JT ACCOUNTING & TAX SERVICES, INC.

Principal Place of Business	Mailing Address	
814 SE 46TH LANE	P.O. BOX 674	
#1 CAPE CORAL FL 33904	CAPE CORAL FL 33910	

May 06, 1999 8:00 am Secretary of State

05-06-1999 90023 006 ***150.00



CAPE CORAL FL 33904		CAPE COME TE 30310		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualif	ed		
					08/10/1995			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	oplied For
21		26 PO Box	100674	4	65-0565054		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
22		27						
City & State	e	$\vdash $ \land	1 tu		6. Election Campaign Financin	[,] g □	•	May Be to Fees
23	Country	Zip Cora	Country		Trust Fund Contribution			to rees
Zip	— ·	—¬ — — —	¬ - · · · · · · · · · · · · · · · · · ·	A	This corporation owes the c Personal Property Tax.	urrent year into	angible Yes	MiNo
24	9. Name and Address of Current		<u>د ۲۸ </u>		10. Name and Address of Nev	w Panietarad		<u> </u>
	9. Name and Address of Current	Kedisteled Adelit	81 N	lame I	70. Name and Address of Net	registered !	Agent	
TES.	TASECCA, JAMES		()	"" les	Hasecca Jan	nes_		
	SW 38TH STREET		82 S	Street Addre	ess (P.O. Box Number is Not Acce	ptable},_		
#32 #A1			-	432	SU 38 5/1	ea		
			83					
CAP	E CORAL FL 33914		84 0	City			85 Zip	Code
			1 1	Can	oc wral	FL		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statutes	the above-na	amed corpo	oration submits this statement for t	he purpose of	changing its	registered
agent. I a	m familiar with, and accept the obligation	s of, Section 607.0505, Florid	a Statutes	f COIPCIANO	ins board of directors. Thereby ac	cept the appoin	itinoit as it	.giolorea
SIGNATURE		nacon James	- 1	tasec	ca	4-27-9	ý .	ĺ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent sig	nature required	1 when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	P	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	TESTASECCA, JAMES		1.2 NAME					
STREET ADDRESS	432 SW 38TH STREET		1.3 STREET AD	DRESS				
CITY-ST-ZIP	CAPE CORAL FL 33914		1.4 CITY-ST-Zil	P				
TITLE		☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME			2.2 NAME					
STREET ADDRESS	,		2.3 STREET ADD	DRESS ((
CITY-ST-ZIP		•	2. 4 CITY- ST- ZI	IP				
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME	Ì				
STREET ADDRESS			3.3 STREET ADO	DRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZI	1				\
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4, 2 NAME	{				{
STREET ADDRESS			4.3 STREET ADD	DRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIF	1				Į
TITLE		☐ DELETE	5.1 TITLE	' -			Change	☐ Addition
NAME			5.2 NAME	ļ				
STREET ADDRESS			5.3 STREET ADD	DRESS				
			5.4 CITY-ST-ZIF	i				ļ
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				Change	Addition
	,	C DEFE IE	6.2 NAME				go	ر العلمية ال
NAME			6.3 STREET ADD	DESS				ľ
STREET ADDRESS			6.3 STREET ADI					

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:

James: les