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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000055807

1. Corporation Name

J-TECM (CHYSTALS & COMPONENT	3, INC.							
Principal Place	of Business	Mailing	Address		•	1 (100 (134) (110 1810) 4 (111 46) (131	Titt Mütel masmi mi	ELWI WILM: 10111 0	#436 4 8 8 6 9 8 8 1
2885 ELECTRONICS DR. 455 KIMBERLY DRIVE									
SUITE C1 MELBOURNE FL 32940						DO NOT WR	ITE IN TUIC (PACE	
MELBORNE FL 32935								PACE	
US						3. Date Incorporated or Qualifed			,
		0- 14-3	A			07/19/1995 4. FEI Number		TAnn	lied For
2. Principal Place of Business 2a. Mailing Address						" · -		`	Applicable
21 26 26				 _		59-3325533		\$8.75 A	
Suite, Apt. #, etc.						5. Certifcate of Status Desired		Fee Red	I .
22						6. Election Campaign Financing		\$5.00	
		28	G Olale			Trust Fund Contribution		Added to	
Zip	Country	Zip		Country		8. This corporation owes the cur	rent vear Inta		
─ `	25	29	30	_ `		Personal Property Tax.			□No Í
24	9. Name and Address of Current			/ 		10. Name and Address of New		gent	
	C. Hame will radiose of Salien			81	Name				
WILLIAM A JOHNSON P.A.									
6767 N WICKHAM ROAD SUITE 400F				82	Street Addr	ess (P.O. Box Number is Not Accept	able)		
MELBOURNE FL 32940				83					
]
				84	City		FL	85 Zip C	ode
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida S⊩	ich change was aufb	orized by	the corporatio	oration submits this statement for the on's board of directors. I hereby acce	pt the appoin	tment as reg	pistered
SIGNATORE	Signature, typed or printed name of registered agen	t and title if applic	able. (NOTE: Re	gistered Agen	t signature required	d when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTO		13.		ADDITIONS/CHANGES TO OF	FICERS AND		RS IN 12 Addition
TITLE	PD		☐ DELETE	1.1 TITLE	Ì			Change	☐ Vagilion }
SELLIE L'ELEMANTO				1.2 NAME					
GINEEL ABBRESO EGGS EEEG TITOTION OF THE GIVE				1.3 STREET	ADDRESS				
CITY-ST-ZIP	MELBOURNE FL 32935			1.4 CITY-\$1	r-zip			F7.6:	
TITLE			☐ DELETE	2.1 TITLE				Change	Addition
NAME				2.2 NAME					ĺ
STREET ADDRESS	•			2.3 STREET	ADDRESS				-
CITY-ST-ZIP	<u> </u>			.2.4 CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·		<u></u>	
TITLE			☐ DELETE	3.1 TITLE				Change	☐ Addition \
NAME				3.2 NAME		•			
STREET ADDRESS				3.3 STREET	ADDRESS				ļ
CITY-ST-ZIP				3.4. CITY-S	T-ZIP				
TITLE			☐ DELETE	4,1 TITLE	1			Change	☐ Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY-S	T-ZIP				
TITLE			☐ DELETE	. 5.1 TITLE				Change	☐ Addition [
NAME				5.2 NAME					ļ
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY-S	T- ZIP				
TILE			☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				

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 eath; 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.

6.4 CITY-ST-ZIP

SIGNATURE: