
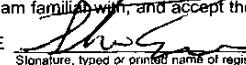


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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90007 038 ***150.00



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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P95000058411 | | | |
| 1. Corporation Name JAECORE INTERNATIONAL INC. | | | |
| Principal Place of Business 3956 TOWN CENTER BLVD #218 ORLANDO FL 32837 US | | Mailing Address 3956 TOWN CENTER BLVD #218 ORLANDO FL 32837 US | |
| 2. Principal Place of Business 21 12179 S. APOKA VINELAND RD Suite, Apt. #, etc. RD 22 #524 City & State 23 ORLANDO FL Zip Country 24 32836 25 32836 | | 2a. Mailing Address 26 9619 BAY VISTA ESTATES BLVD. Suite, Apt. #, etc. BLVD. 27 City & State 28 ORLANDO FL Zip Country 29 32836 30 USA | |
| 9. Name and Address of Current Registered Agent EVANS, STEVE 3956 TOWN CENTER BLVD #218 ORLANDO FL 32837 | | | |
| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 9619 BAY VISTA ESTATES BLVD 83 84 City ORLANDO FL 85 Zip Code 32836 | | | |
| 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  STEVE EVANS, PRESIDENT 1/4/99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| 12. OFFICERS AND DIRECTORS TITLE P NAME EVANS, STEPHEN W STREET ADDRESS 14115 COLONIAL GRAND BLVD #1612 CITY-ST-ZIP ORLANDO FL 32837 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 9619 BAY VISTA ESTATES BLVD. 1.4 CITY-ST-ZIP ORLANDO FL 32836 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 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:

 STEVE EVANS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99
Date

407352-9034
Daytime Phone #

CR2E034 (11/98)

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