

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90131 001 ***150.00

DOCUMENT # P95000097328

Corporation Name
JTI, INC.



Principal Place of Business
14246 THACHER AVENUE
LARGO FL 33774
US

Mailing Address
14246 THACHER AVENUE
LARGO FL 33774
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14422 BAY HILLS DR. Suite, Apt. #, etc. 22 City & State 23 LARGO FL Zip Country 24 33774 25 USA		2a. Mailing Address 26 14422 BAY HILLS DR. Suite, Apt. #, etc. 27 City & State 28 LARGO FL Zip Country 29 33774 30 USA		3. Date Incorporated or Qualified 12/26/1995	
		4. FEI Number 65-0640962		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent PAPANDREW, GREGORY 14246 THACHER AVENUE LARGO FL 34644				10. Name and Address of New Registered Agent 81 Name GREGORY PAPANDREW 82 Street Address (P.O. Box Number is Not Acceptable) 14422 BAY HILLS DR 83 84 City LARGO FL 85 Zip Code 33774	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPANDREW, GREGORY	1.2 NAME	
STREET ADDRESS	14246 THACHER AVENUE	1.3 STREET ADDRESS	14422 BAY HILLS DR
CITY-ST-ZIP	LARGO FL 34644	1.4 CITY-ST-ZIP	LARGO FL 33774
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPANDREW, JACKIE	2.2 NAME	
STREET ADDRESS	14246 THACHER AVENUE	2.3 STREET ADDRESS	14422 BAY HILLS DR
CITY-ST-ZIP	LARGO FL 34644	2.4 CITY-ST-ZIP	LARGO FL 33774
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> /
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 info 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 a 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Greg Papandrew (Greg Papandrew) 4/27/99 TZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #