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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600000423

1. Corporation												
JSG TEL	.ecommu	JNICATIONS, INC	<b>;</b> .					]				························
'												
Principal Place of Business Mailing Address											• • • • • • • • • • • • • • • • • • • •	
3006 E JEAN ST 3006 E. JEAN ST												
TAMPA FL 3361	10			AMPA FL 33610				]	DO NOT W	RITE IN THIS	SPACE	
US			Ų	IS				3	Date Incorporated or Qualife			
i								1	01/03/1996	<b>.</b>		
2. Principal Pl	lace of Busin	2291	2:	a. Mailing Address		_			FEI Number		Ι Δ	Applied For
21				26					59-3354196			lot Applicable
Suite, Apt.	#, etc.		-  -	Suite, Apt. #, et	c.						\$8.75	Additional
22			27	]				5.	Certifcate of Status Desired		Fee F	Required
- City & State	e~			City & State				-6	Election Campaign Financin	9	<b>\$5.0</b> (	0 May Be
23			28						Trust Fund Contribution		Added	to Fees
Zip		Country		'			untry		8. This corporation owes the current year Intangible			
24					30				Personal Property Tax.		☐ Yes	□No
	9. Name	and Address of Curre	ent Reg	istered Agent		81	N	10.	Name and Address of New	Registered	Agent	
GLO.	VED INHA	1 6				01	Name					
GLOVER, JOHN S 3006 E. JEAN ST							Street Ad	Address (P.O. Box Number is Not Acceptable)				
	PA FL 336					83						
171111	1 A 1 E 000	10				93	)					Ì
}						84	City			FL	85 Zip	Code
44 5	4- 11 1-	6 Captions 607 05	.02 ond	607 1509 Florido	Statutas th	a above	a-named co	moration	submits this statement for the		changing if	ts registered
office or n	to the provis egistered ag	ent, or both, in the Stat	e of Flo	rida. Such change	was author	ized by	the corpora	tion's boa	submits this statement for the ard of directors. I hereby according to the submitted that	ept the appoin	ntment as r	registered
agent. I at	m familiar wi	ith, and accept the oblig	iations c									
1 -		•	,	n, section our lost	75, i lolida c	James	•					1
SIGNATURE							•	ired when re	instating)	DATE		
Į.		or printed name of registered ag	ent and tit	e if applicable.	(NOTE: Regis		nt signature requ		instating) ADDITIONS/CHANGES TO C		ID DIRECT	ORS IN 12
SIGNATURE		or printed name of registered ac	ent and tit	e if applicable.	(NOTE: Regis	tered Agen	•				ID DIRECT	
SIGNATURE	Signature, typed	or printed name of registered age OFFICERS A	ent and tit	e if applicable.	(NOTE: Regis	tered Agen	•					
SIGNATURE 12. TITLE	Signature, typed	OFFICERS A	ent and tit	e if applicable.	(NOTE: Regist	tered Agen 13. .1 TITLE .2 NAME	•					
SIGNATURE  12.  TITLE  NAME	DPST GLOVER,	OFFICERS A  JOHN S JEAN ST	ent and tit	e if applicable. RECTORS DELE	(NOTE: Regist	tered Agen 13. .1 TITLE .2 NAME	T ADDRESS				Change	Addition
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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 authors, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: