

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

050786

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90156 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000010037**

1. Corporation Name
JET JAMMERS, INC.



Principal Place of Business 14433 NIEVES CIRCLE WINTER GARDEN FL 34787 US	Mailing Address 14433 NIEVES CIRCLE WINTER GARDEN FL 34787 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 531 N. Palmetto Ave		2a. Mailing Address 569 Whittingham Pl		3. Date Incorporated or Qualified 01/31/1996	
21 Suite, Apt #, etc		26 Suite, Apt #, etc		4. FEI Number 59-3360666	
22 City & State Sanford, FL		27 City & State Lake Mary, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 32771		29 Zip 32746		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country USA		30 Country USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KATZ, LAWRENCE H
341 N. MAITLAND AVENUE
SUITE 120
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 date if applicable

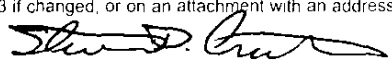
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT	<input type="checkbox"/> DELETE	11 TITLE Crutcher Steven D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRUTCHER, STEVEN D		12 NAME 569 Whittingham Pl	
STREET ADDRESS 14433 NIEVES CIRCLE		13 STREET ADDRESS Lake Mary FL 32746	
CITY-ST-ZIP WINTER GARDENS FL		14 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	21 TITLE D VPS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CRUTCHER, MARY J		22 NAME Crutcher, Mary J	
STREET ADDRESS 14433 NIEVES CIRCLE		23 STREET ADDRESS 569 Whittingham Pl	
CITY-ST-ZIP WINTER GARDENS FL		24 CITY-ST-ZIP Lake Mary, FL 32746	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:



Steven D. Crutcher 3-14-99 (407)321-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (11/98)