## 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

## DOCUMENT # P96000016597

1. Corporation Name

JAYMOR ENTERPRISES, INC.

Principal	Place	of	Business
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Mailing Address

2700 SOUTH UNIVERSITY DRIVE. UNIT 3C DAVIE FL 33328

2700 SOUTH UNIVERSITY DRIVE, UNIT 3C DAVIE FL 33328

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90029 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

					02/22/1996					
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For				
21		26			65-0644392	Not Applicable				
Suite, Apt. a	#, etc	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required				
City & State	• ,	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
<b>23</b> ∱ Zip	Country	Zip	Countr		This corporation owes the current year Intang					
¬ '	´	<u> </u>	30		Personal Property Tax.					
24	25 29 30 3. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
	5. Hallie and Address of Content	registered Agent	8	Name	10.					
MORGAN, J.K. 2700 S. UNIVERSITY DRIVE #3C DAVIE FL 33328			L							
			8:	2 Street A	Address (P.O. Box Number is Not Acceptable)					
			8:							
•			"	1						
			84	'	FL	85 Zip Code				
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of mailiar with, and accept the obligation.	Florida. Such change was aut	norized by	y tne corpor	corporation submits this statement for the purpose of charation's board of directors. I hereby accept the appointment	anging its registered ent as registered				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Ag	ent signature rec	quired when reinstating) DATE					
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFICERS AND					
TITLE	P	☐ DELETE	1.1 TITLE			Change Addition				
NAME	MORGAN, JOSEPH K	•	1.2 NAME	:						
STREET ADDRESS	2700 SOUTH UNIVERSITY DRIVE	E, UNIT 3C	1.3 STRE	ET ADDRESS						
CITY-ST-ZIP	DAVIE FL 33328		1.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	2.1 TITLE			Change Addition				
NAME			2.2 NAME	:		Į				
STREET ADDRESS				ET ADORESS		İ				
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			3.4. CITY		•					
CITY-ST-ZIP TITLE	<u> </u>	□ DELETE	4.1 TITLE			Change				
			4. 2 NAMI		-					
NAME.				ET ADDRESS	•					
STREET ADDRESS										
CITY-ST-ZIP		- □ DELETE	4.4 CITY- 5.1 TITLE		Γ					
TITLE			5.1 TITLE 5.2 NAME							
NAME				ET ADDRESS		•				
STREET ADDRESS			1			i				
C/TY-ST-ZIP		- DELETE	5.4 CITY- 6.1 TITLE			Change Addition				
TITLE		☐ DELETE			L					
NAME (set s)	F 2		6.2 NAME	)		ļ				
STREET ADDRESS				ET ADDRESS }		}				
CITY-ST-ZIP	- Application Application - 正新年(TVR)・ - Marketing - Application		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 chapted or on ap attachment with an address, with all other like empowered.

SIGNATURE:

INNATURE AND TYPED OR PRINTED NAME & SIGNING OFFICER OR DIRECTOR

+ 14/99 (954) 472-615E

CR2E034 (11/98