

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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90278 002 ***150.00

DOCUMENT # P96000020932

1. Corporation Name
JCT INC.

Principal Place of Business

5516 LAKETERN COURT
COCONUT CREEK FL 33073
US

Mailing Address

PO BOX 10421
POMPANO BEACH FL 33061
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1996

4. FEI Number

65-0675429

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 10026 W. McNAB RD

2a. Mailing Address

26 17955 NW 21 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 PEMBROKE PINES

City & State

City & State

23 TAMARAC, FL

28 FL

Zip

Country

Zip

Country

24 33321

25

BROWARD

29

33029

30

BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~THOMPSON, JOHN C~~
~~5516 LAKETERN COURT~~
~~COCONUT CREEK FL 33073~~

BUDAY, RONALD S.
17955 NW 21 ST,
PEMBROKE PINES,
FL 33029

81 Name

RONALD S BUDAY

82 Street Address (P.O. Box Number is Not Acceptable)

17955 NW 21 ST

83

84 City

PEMBROKE PINES

FL

85 Zip Code

33029

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 RONALD S BUDAY

Ronald S Buday

4-25-99

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

(NOTE: Registered Agent signature required upon reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PTSD~~ ☐ DELETE

NAME ~~THOMPSON, JOHN~~

STREET ADDRESS ~~5516 LAKETERN COURT~~

CITY-ST-ZIP ~~COCONUT CREEK FL 33073~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PT RONALD S BUDAY

1.3 STREET ADDRESS 17955 NW 21 ST

1.4 CITY-ST-ZIP PEMBROKE PINES, FLA. 33029

2.1 TITLE VS ☒ Change ☐ Addition

2.2 NAME LISA S. BUDAY

2.3 STREET ADDRESS 17955 NW 21 ST

2.4 CITY-ST-ZIP PEMBROKE PINES, FLA. 33029

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 amendment with an address, with all other like empowered.

SIGNATURE: Ronald S Buday

4-25-99 (954)431-4277

SIGNATURE AND / OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)