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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000024079**1. Corporation Name

JIMSHARE, INC.

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90027 019 ***150.00



Principal Place	e of Business	Mailing Address		4 10011081 158 50110 01115 01151 0011	F ESIT OFIG WENT DIGHT SONT INDICATED TO A 1991
813 E BLOOMIN		3021 RIDGEDALE CIR			
#427	NO NE	VALRICO FL 33594		DO NOT MIDIT	E IN THIS COACE
BRANDON FL 8	13511 ·	US			E IN THIS SPACE
us.				3. Date Incorporated or Qualifed	
	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	20 Mailing Address		03/12/1996 4. FEI Number	Applied For
2. Principal Place of Business 21. 302/ CID'6 E 0 4/8 CIN 26 302/ RIDGEO			ale Cinel	E 59-3405061	Not Applicable
21 50 2. Suite, Apt.	/ 10106EDBIECIA	Suite, Apt. #, etc.			\$8.75 Additional
	1 avan El	27		5. Certifcate of Status Desired	Fee Required
22 / Q /	61 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	City & State	<i>i</i>	6. Election Campaign Financing	√ \$5.00 May Be
23 3.3.5	0.4	28 Valnico, 1	F/.	Trust Fund Contribution	Added to Fees
Zip	Country	, Zip C	Country	8. This corporation owes the curre	nt year Intangible
24	25 Hills borou	$\mathbf{g}_{\mathbf{b}_{0}}$ 33594 \mathbf{g}_{0}	Millsboro		☐ Yes
	9. Name and Address of Curren	Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name	•	. 1
VOTOUR, JAMES E JR				Address (P.O. Box Number is Not Acceptal	ble)
802 D BAHIA DEL SOL					
RUSI	KIN FL		83		
			84 City		85 Zip Code
					FL
office or re	ogistored agent or both in the State (of Florida. Such change was author.	zea ov me corbi	corporation submits this statement for the poration's board of directors. I hereby accept	t the appointment as registered
agent. I ar	m familiar with, and accept the obligat	tions of, Section 607.0505, Florida S	Statutes.		
SIGNATURE					DATE
	Signature, typed or printed name of registered agen OFFICERS AN		tered Agent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
12.	P	5 BII (28 / 61 (6	.1 TITLE	PRESIDENT & DIRECTOR	
	1 P	1 (12P1 P 1 P 1 P 1			✓ Malige □ Addition
			2 NAME	NoTOUR James E.	TR.
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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 address, with all other like empowered.

SIGNATURE:

1/25/69 8/3-662-9387