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 # **P96000034043**1. Corporation Name

JUMBO OVERSEAS, INC.

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90045 015 ***150.00

Principal Plac	ce of Business	Mailing Address				-	I EL BORFIE HADIDO A	ISSI Din si du sii	OLOGO ISHI SEDI
7226 W COLO	NIAL DR	7226 W COLONIAL DR				•			
#104 104									
ORLANDO FL 32818 US ORLANDO FL 32818 US						DO NOT WRI	TE IN THIS S	SPACE	1
US		us				3. Date Incorporated or Qualifed 04/15/1996			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21	المعافق الأراب أراب	26				59-3388503		No	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	Additional
22	<u>'</u>	27				5. Certificate of Status Desired	<u> </u>	Fee Re	equired
City & Sta	te	City & State				6. Election Campaign Financing	□ .	\$5.00	
23	Q-1-1-1-1-1	28				Trust Fund Contribution		Added 1	to Fees
Zip	Country	Zip	30	untry		8. This corporation owes the curr	-		□No
24	25 9. Name and Address of Curren	29	30	Т		Personal Property Tax. 10. Name and Address of New F		☐ Yes	□NO
	o. Name und Address of Outres	it Registered Agent		81	Name	10. Name and Address of New I	togistorou A	gent	
SMI	TH, H J								
	7 CLEMENTON PARK CT			82	Street Addre	ss (P.O. Box Number is Not Accepta	ible)		
ORL	ANDO FL 32835			83					\$12° 3 (1) 1881
								(f. e) (1. \$5.1)	
		•		84	City		FL	85 Zip 0	Code
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Stat	utes, the a	bove	-named corpo	ration submits this statement for the		hanging its	registered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was tions of, Section 607.0505, F	authorized Iorida Stat	d by ti tutes.	the corporation	n's board of directors. I hereby accep	the appoint	ment as re	gistered
SIGNATURE	V	:*							
SIGNATURE	Signature, typed or printed name of registered ager			d Agent	signature required	when reinstating) > /\cdot\);	DATE		
12.	Signature, typed or printed name of registered ager OFFICERS AN	D DIRECTORS	13.		signature required	ADDITIONS/CHANGES TO OF	FICERS AND		
12.	Signature, typed or printed name of registered ager OFFICERS AN MR		13.	ITLE	signature required		FICERS AND	DIRECTO	DRS IN 12
12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN MR SMITH, HAROLD JAMES	D DIRECTORS	13. 1.1 TI 1.2 N	ITLE AME		ADDITIONS/CHANGES TO OF	FICERS AND		
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN MR SMITH, HAROLD JAMES PO BOX 1488	D DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	ITLE AME TREET	ADDRESS	ADDITIONS/CHANGES TO OF	FICERS AND		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN MR SMITH, HAROLD JAMES PO BOX 1488 MANABA BCH SO 42760	D DIRECTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 C	ITLE AME TREET #	ADDRESS	ADDITIONS/CHANGES TO OF	FICERS AND	Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN MR SMITH, HAROLD JAMES PO BOX 1488 MANABA BCH SO 42760 OR	D DIRECTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI	ITLE AME TREET / ITY-ST-	ADDRESS	ADDITIONS/CHANGES TO OF	FICERS AND		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN MR SMITH, HAROLD JAMES PO BOX 1488 MANABA BCH SO 42760 OR SMITHFIELD, FARM	D DIRECTORS	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N.	TILE AME TREET / ITY-ST- ITLE AME	ADDRESS -ZiP	ADDITIONS/CHANGES TO OF	FICERS AND	Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN MR SMITH, HAROLD JAMES PO BOX 1488 MANABA BCH SO 42760 OR SMITHFIELD, FARM INTERLACHEN DR	D DIRECTORS	13. 1.1 TI 1.2 N 1.3 S' 1.4 Cl 2.1 TI 2.2 N 2.3 S'	TILE AME TREET / ITY-ST- TILE AME TREET /	ADDRESS - ZIP	ADDITIONS/CHANGES TO OF	FICERS AND	Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN MR SMITH, HAROLD JAMES PO BOX 1488 MANABA BCH SO 42760 OR SMITHFIELD, FARM	D DIRECTORS	13. 1.1 TI 1.2 N 1.3 S' 1.4 CI 2.1 TI 2.2 N 2.3 S' 2.4 CI	TILE TREET A ITY-ST- ITLE AME TREET A	ADDRESS - ZIP	ADDITIONS/CHANGES TO OF	FICERS AND	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Shift	Signature typed or printed name of registered ager OFFICERS AN MR SMITH, HAROLD JAMES PO BOX 1488 MANABA BCH SO 42760 OR SMITHFIELD, FARM INTERLACHEN DR ULONGO SO 4270	D DIRECTORS DELETE DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2. 4 CI 3.1 TI	TILE AME TREET / ITLE AME TREET / TREET /	ADDRESS - ZIP	ADDITIONS/CHANGES TO OF	FICERS AND	Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature typed or printed name of registered ager OFFICERS AN MR SMITH, HAROLD JAMES PO BOX 1488 MANABA BCH SO 42760 OR SMITHFIELD, FARM INTERLACHEN DR ULONGO SO 4270	D DIRECTORS DELETE DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 CI 3.1 TI 3.2 N.	TILE AME TREET A ITY-ST- TILE AME TREET A CITY-ST- TILE AME	ADDRESS -ZIP ADDRESS [-ZIP	ADDITIONS/CHANGES TO OF	FICERS AND	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature typed or printed name of registered ager OFFICERS AN MR SMITH, HAROLD JAMES PO BOX 1488 MANABA BCH SO 42760 OR SMITHFIELD, FARM INTERLACHEN DR ULONGO SO 4270	D DIRECTORS DELETE DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 Cl 2.1 TI 2.2 N. 2.3 S' 2.4 Cl 3.1 TI 3.2 N. 3.3 S'	TILE AME TREET A ITY-ST- ITLE AME TREET A ITLE AME TILE AME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS ADDRESS	ADDITIONS/CHANGES TO OF	FICERS AND	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature typed or printed name of registered ager OFFICERS AN MR SMITH, HAROLD JAMES PO BOX 1488 MANABA BCH SO 42760 OR SMITHFIELD, FARM INTERLACHEN DR ULONGO SO 4270	D DIRECTORS DELETE DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 Cl 2.1 TI 2.2 N. 2.3 S' 2.4 Cl 3.1 TI 3.2 N. 3.3 S'	TILE AME TREET A TILE AME TREET A CITY-ST- TILE AME TREET A TREET A TREET A	ADDRESS -ZIP ADDRESS -ZIP ADDRESS ADDRESS	ADDITIONS/CHANGES TO OF	FICERS AND	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature typed or printed name of registered ager OFFICERS AN MR SMITH, HAROLD JAMES PO BOX 1488 MANABA BCH SO 42760 OR SMITHFIELD, FARM INTERLACHEN DR ULONGO SO 4270	D DIRECTORS DELETE DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 CI 3.1 TI 3.2 N. 3.3 SI 3.4 CI	TITLE AME TREET A ITY-ST- ITLE AME TREET A AME TREET A	ADDRESS -ZIP ADDRESS -ZIP ADDRESS ADDRESS	ADDITIONS/CHANGES TO OF	FICERS AND	☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature typed or printed name of registered ager OFFICERS AN MR SMITH, HAROLD JAMES PO BOX 1488 MANABA BCH SO 42760 OR SMITHFIELD, FARM INTERLACHEN DR ULONGO SO 4270	D DIRECTORS DELETE DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 CI 3.1 TI 3.2 N. 3.3 S' 3.4 CI 4.1 TI 4.2 N.	TITLE TREET A TITLE TITLE TREET A TITLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS ADDRESS	ADDITIONS/CHANGES TO OF	FICERS AND	Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Signature typed or printed name of registered ager OFFICERS AN MR SMITH, HAROLD JAMES PO BOX 1488 MANABA BCH SO 42760 OR SMITHFIELD, FARM INTERLACHEN DR ULONGO SO 4270	D DIRECTORS DELETE DELETE	13. 1.1 TI 12.N 1.3.5' 1.4.Cl 2.1 TI 2.2.N 2.3.5' 2.4.Cl 3.1 TI 3.2.N 3.3.5' 3.4.Cl 4.1 TI 4.2.N 4.3.5'	TITLE TREET A ITY-ST- ITTLE AME TREET A TITLE	ADDRESS -ZIP ADDRESS [-ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	ADDITIONS/CHANGES TO OF	FICERS AND	☐ Change	Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typed or printed name of registered ager OFFICERS AN MR SMITH, HAROLD JAMES PO BOX 1488 MANABA BCH SO 42760 OR SMITHFIELD, FARM INTERLACHEN DR ULONGO SO 4270	D DIRECTORS DELETE DELETE	13. 1.1 TI 12.N 1.3.5' 1.4.Cl 2.1 TI 2.2.N 2.3.5' 2.4.Cl 3.1 TI 3.2.N 3.3.5' 3.4.Cl 4.1 TI 4.2.N 4.3.5'	TILE AME TREET / ITY-ST- ITLE AME TREET / ITLE AME TREET / ITLE AME TREET / ITLE AME TREET / ITLE AME	ADDRESS -ZIP ADDRESS [-ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	ADDITIONS/CHANGES TO OF	FICERS AND	Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typed or printed name of registered ager OFFICERS AN MR SMITH, HAROLD JAMES PO BOX 1488 MANABA BCH SO 42760 OR SMITHFIELD, FARM INTERLACHEN DR ULONGO SO 4270	D DIRECTORS DELETE DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 CI 3.1 TI 3.2 N. 3.3 S' 3.4 CI 4.1 TI 4.2 N. 4.3 S' 4.4 CI	TILE AME TREET / ITV-ST- ITLE AME TREET / ITLE TILE	ADDRESS -ZIP ADDRESS [-ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	ADDITIONS/CHANGES TO OF	FICERS AND	☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN MR SMITH, HAROLD JAMES PO BOX 1488 MANABA BCH SO 42760 OR SMITHFIELD, FARM INTERLACHEN DR ULONGO SO 4270	D DIRECTORS DELETE DELETE	13. 1.1 Ti 1.2 N. 1.3 S' 1.4 Ci 2.1 Ti 2.2 N. 2.3 S' 2.4 Ci 3.1 Ti 3.2 N. 3.3 ST 3.4 Ci 4.1 Ti 4.2 N. 4.3 ST 4.4 Ci 5.1 Ti 5.2 N.	ITLE AME TREET / ITY-ST- ITLE AME TREET /	ADDRESS -ZIP ADDRESS [-ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	ADDITIONS/CHANGES TO OF	FICERS AND	☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN MR SMITH, HAROLD JAMES PO BOX 1488 MANABA BCH SO 42760 OR SMITHFIELD, FARM INTERLACHEN DR ULONGO SO 4270	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 C 4.1 TI 4.2 N. 4.3 S' 4.4 CI 5.1 TI 5.2 N. 5.3 SI 5.4 CI	TILE AME TREET / TITY-ST- TILE AME TREET / TILE AME TREET / TILE TI	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	ADDITIONS/CHANGES TO OF	FICERS AND	Change Change Change	Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN MR SMITH, HAROLD JAMES PO BOX 1488 MANABA BCH SO 42760 OR SMITHFIELD, FARM INTERLACHEN DR ULONGO SO 4270	D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CC 2.1 TI 2.2 N. 2.3 S' 2.4 CC 3.1 TI 3.2 N. 3.3 ST 3.4 . C 4.1 TI 4.2 N. 4.3 ST 4.4 CC 5.1 TI 5.2 N. 5.3 ST 5.4 CC 6.1 TI	TILE AME TREET / ITY-ST- TILE AME TREET / TILE AME TREET / TILE AME TREET / TILE AME TREET / TILE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	ADDITIONS/CHANGES TO OF	FICERS AND	☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN MR SMITH, HAROLD JAMES PO BOX 1488 MANABA BCH SO 42760 OR SMITHFIELD, FARM INTERLACHEN DR ULONGO SO 4270	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 CI 3.1 TI 3.2 N. 3.3 SI 4.4 CI 5.1 TI 5.2 N. 5.3 SI 5.4 CI 6.1 TI 6.2 N.	TILE AME TREET / ITY-ST- ITLE AME TREET / ITLE AME TREET / ITLE AME TREET / ITY-ST- TLE AME TREET / ITY-ST- TLE AME TREET / ITY-ST- TLE AME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	ADDITIONS/CHANGES TO OF	FICERS AND	Change Change Change	Addition Addition Addition Addition

14. I hereby certify that the information supplies 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 supplies that 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 of 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 or an attachment with an address, with all other like empowered.

SIGNATURE: