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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000041397 (6)

JFC A	JIUMATION, INC.				
Principal Plac	e of Business	Mailing Address			8/50 % 500 6/40 10 7/4 100 100
3668 CYPRESS LAKE DR LAKE WORTH FL 33467		3668 CYPRESS LAKE DR LAKE WORTH FL 33467		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				05/09/1996	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite Ant	# 610	Suite, Apt. #, etc.		65-0675164	Not Applicable
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	θ	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent CAMPRILLIES FORMORIS 8				10. Name and Address of New Register	ed Agent
	UDRILLIER, FRANCOIS				
3668 CYPRESS LAKE DR			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
LAKE WORTH FL 33467			83		
			84 City	F	85 Zip Code
office or s agent. I a	egistered agent, or both, in the St im familiar with, and accept the ob	ate of Florida. Such change was iligations of, Section 607.05 0 5, Fl	es, the above-named cor authorized by the corpora orida Statules	poration submits this statement for the purpos alion's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE	Signature, typeo or principle statute or registered	agent and title if applicable (NOT	E Registered Agent signature regu	pirod when reinstating) DAT	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CAUDRILLIER, FRANCOIS		1.2 NAME		
STREET ADDRESS	3668 CYPRESS LAKE DR		. 1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467	DECETE.	1.4 CHY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME ATOMET ADDRESS			2.2 NAME		
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-\$T-ZIP		T or ere	4.4 CITY - ST - ZIP		Chongo I additi
TITLE		DELETE	5.1 TITLE		Change Addition
NAME ATREET ADDRESS			5.2 NAME		
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		ļ
VIII OL-ZIF			■ 0.9 UH 1 • S1 • ZIP		1

14. Thereby 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.

6.2 NAME

CICMATIDE.

TITLE NAME

1-7-97

(561) 424-2808

FILED

Feb 04 1998 8:00am

Secretary of State