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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

1. Corporation	MENT # P9600 JT SERVICES INC.	0049553 (6)				
Principal Place	e of Business	Mailing Address			18114 ABILL BIBID 18181 BIIGI 4	111 00 HII 1 00 1
8107 PAMLIC		8107 PAMLICO STREET				
ORLANDO FL 32817 ORLANDO FL 32817			DO NOT WRITE IN THIS SPACE			
l Merci		I NEW		3. Date Incorporated or Qualified		
*	NEW			06/11/1996		
	lace of Business	2a. Mailing Address		4. FEI Number	h	pplied For
21 /2/20 Suite, Apt.	O ATHANTA AV.	26 /U/3 / V/V	NERSITY BU	59-3445895		lot Applicable
22	#, G (C.	27 /30		Certificate of Status Desired	7	Additional tequired
City & State	θ	City & State		6. Election Campaign Financing) May Be
	ANTO . FL	28 ONLANDO		Trust Fund Contribution		to Fees
Zip 32	8 06 25 Country	32817	Country	8. This corporation owes or has pr		
24 32	9. Name and Address of Curren	1 2 1	30	Personal Property Tax due Jurie 10. Name and Address of New Re		X No
	LASQUEZ, HECTOR	it tregistered Agent	81 Name	IV. Hallo alla Hadicas di Hall III	-giato-ou rigotti	
11257 POINT SYLVAN CIR APT. H ORLANDO FL 32825 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was aut			83 84 City	poration submits this statement for the	FL 85 Zip	Code its registered
agent. La SIGNATURE	egistered agont, or both, in the state in familiar with, and accept the obligation by the state of tensions of tensions and accept the obligations of tensions and acceptance of tensions acceptance of tensions and acceptance of tensions and acceptance of tensions acceptance of tensions and acceptance of tensions	ations of, Section 607.0505, Flor	ida Statutes. Registered Agent signature requi		DATE	registerea
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFI		RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change	Addition
NAME	VELASQUEZ, HECTOR		1.2 NAME			
STREET ADDRESS	8107 PAMLICO STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32817		1.4 CITY - ST - ZIP			
TITLE		DELETE	2.1 TiTLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		OELETE	2 4 CITY - ST - ZIP		Change	Addition
TITLE		[] OETE IE	31 THTLE		☐ Change	L AUGIIIUII
NAME STOCET ADDRESS			3.2 NAME 3.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	41 TITLE		Change	Addition
NAME			4. 2 NAME		0	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 C(1)Y-S1-Z(P			
TITLE		DELETE	51 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			ļ
CITY-ST-ZIP		·	54 CHY-ST-ZIP			
TITLE		DELETE	61 HTLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADORESS			6.3 STREET ADDRESS			ì

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.

FILED

May 13 1998 8:00am

Secretary of State