


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

0203732

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000053918					
1. Corporation Name JUST TEE'S INC.					
Principal Place of Business 1360 NW 65TH AVENUE BAY P PLANTATION FL 33313			Mailing Address 1360 NW 65TH AVENUE BAY P PLANTATION FL 33313		
2. Principal Place of Business		2a. Mailing Address			
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		
22	City & State	27	City & State		
23	Zip	28	Zip		
24	Country	29	Country		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FRIEDMAN, MARC 1360 NW 65TH AVENUE PLANTATION FL 33313				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
[] DELETE			[] Change [] Addition		
1.1 TITLE			1.1 TITLE		
1.2 NAME			1.2 NAME		
1.3 STREET ADDRESS			1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP			1.4 CITY-ST-ZIP		
2.1 TITLE			2.1 TITLE		
2.2 NAME			2.2 NAME		
2.3 STREET ADDRESS			2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP			2.4 CITY-ST-ZIP		
3.1 TITLE			3.1 TITLE		
3.2 NAME			3.2 NAME		
3.3 STREET ADDRESS			3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP			3.4 CITY-ST-ZIP		
4.1 TITLE			4.1 TITLE		
4.2 NAME			4.2 NAME		
4.3 STREET ADDRESS			4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP			4.4 CITY-ST-ZIP		
5.1 TITLE			5.1 TITLE		
5.2 NAME			5.2 NAME		
5.3 STREET ADDRESS			5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6.1 TITLE			6.1 TITLE		
6.2 NAME			6.2 NAME		
6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP			6.4 CITY-ST-ZIP		

FILED

99 JUN 10 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1996

4. FEI Number

65-0679183

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

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PVTS
ISAACS, JACOB
853 NW 89TH AVENUE
PLANTATION FL 33313

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
ISAACS, JACOB
853 NW 89TH AVENUE
PLANTATION FL 33313

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)