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

95 MAR 22 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000065693

1. Corporation Name

JDR CENTER CORP. INC.

Principal Place of Business	Mailing Address
125 N. Summerlin Ave. Sanford, FL 32771	P. O. Box 668 Sanford, FL 32772-0668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1996

4. FEI Number: 59-3398063

	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 [X] No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip / Country	28 Zip / Country
24 / 25	29 / 30

9. Name and Address of Current Registered Agent

Jeffrey D. Robb
125 N. Summerlin Ave.
Sanford, FL 32771

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is N.A. Acceptable)

83

84 City FL 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 — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[ ] Change [ ] Addition
NAME	Robb, Jeffrey D.	12 NAME	
STREET ADDRESS	125 N. Summerlin Ave.	13 STREET ADDRESS	
CITY-ST-ZIP	Sanford, FL 32771	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	[ ] DELETE
NAME	Robb, Linda S.	22 NAME	
STREET ADDRESS	125 N. Summerlin Ave.	23 STREET ADDRESS	
CITY-ST-ZIP	Sanford, FL 32771	24 CITY-ST-ZIP	
TITLE		31 TITLE	[ ] DELETE [ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	[ ] DELETE [ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] DELETE [ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] DELETE [ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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: Jeffrey D. Robb 3/17/99 (407) 321-9224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #