

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 SEP 17 PM 3:32

DOCUMENT # **P96000070015**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
JAPRIX INCORPORATED

Principal Place of Business Mailing Address
DUTTIE FREEMAN CENTRE **DUTTIE FREEMAN CENTRE**
BLDG. D 9 E **BLDG. D 9 E**
4401 CHARLOTTE ST. **4401 CHARLOTTE ST.**
LAKE WORTH, FL. 33461 **LAKE WORTH, FL. 33461**

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

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **08/22/1996**
4. FEI Number **65-0706196** 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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
CASE, DERICK K. 81. Name
4696 CAMBRIDGE ST. 82. Street Address (P.O. Box Number is Not Acceptable)
GREEN ACRES, FL. 33463 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	(V) CASE, ROGER <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4690 CAMBRIDGE ST	12. NAME	500002996175--7
STREET ADDRESS	GREEN ACRES, FL. 33463	13. STREET ADDRESS	-09/24/99--01033--013
CITY-ST-ZIP		14. CITY-ST-ZIP	****150.00 ****150.00
TITLE	(P) CASE, DERICK K. <input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4690 CAMBRIDGE ST.	22. NAME	
STREET ADDRESS	GREEN ACRES, FL. 33463	23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE	(S) CASE, ZONA D. <input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4690 CAMBRIDGE ST.	32. NAME	
STREET ADDRESS	GREEN ACRES, FL. 33463	33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	(D) CASE, DAVID G. <input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4696 CAMBRIDGE ST.	42. NAME	
STREET ADDRESS	GREEN ACRES, FL. 33463	43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ZONA D. CASE** (ZONA D. CASE) **4/27/99** (561) 963-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)



JAPTRIX, INC.

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High Performance For Your Japanese Car

4401 Charlotte Street, Unit D • Lake Worth, FL 33461
(561) 963-8700 • Fax (561) 963-8800

September 10, 1999

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Attn: Michelle Milligan
Document Specialist

Subject: Japtrix Inc.
Ref. # P96000070015 - *LETTER #099A00044456*

Thank you for your letter of September 8, returning our check for \$150 along with the form sent you on August 25, which was not suitable for archiving. As explained to you in our letter, it just came to our attention that the Report had not been filed and when we checked our records we found a copy of the Report but could not find a cancelled check for the \$150 fee. We concluded that the check was inadvertently omitted when we sent the Report, which is dated April 27. We have completed a new form, using that same date and giving the names of the Officers at that time. We have recently made amendments to the Officers and Directors.

We apologise for the lateness in filing this form and respectfully request that you accept it along with our check for \$150.00, to cover the cost of the 1999 Filing Fee.

Thank you for your consideration in this matter

Sincerely yours,

Zona D. Case
Officer
Japtrix Incorporated

encls: