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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 01, 1999 8:00am
Secretary of State

02-01-1999 90023 009 ****150.00

DOCUMENT #96000075067

1. Corporation Name

JEI, INC.

Principal Place of Business

1250 MARKHAM WOODS ROAD
LONGWOOD FL 32779

Mailing Address

1250 MARKHAM WOODS ROAD
LONGWOOD FL 32779



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SCOTT, ROBERT H JR.
152 W. GRANADA BLVD.
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME SCOTT, ROBERT H JR.
STREET ADDRESS 1250 MARKHAM WOODS ROAD
CITY-ST-ZIP LONGWOOD FL 32779

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME TOLLIVER, DONNA C.
STREET ADDRESS 4311 SHORECREST DR.
CITY-ST-ZIP ORLANDO FL 32837

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME SCOTT, ROBERT H JR.
STREET ADDRESS 1250 MARKHAM WOODS ROAD
CITY-ST-ZIP LONGWOOD FL 32779

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME TOLLIVER, DONNA C.
STREET ADDRESS 4311 SHORECREST DR.
CITY-ST-ZIP ORLANDO FL 32837

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME TOLLIVER, DONNA C.
STREET ADDRESS 4311 SHORECREST DR.
CITY-ST-ZIP ORLANDO FL 32837

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME TOLLIVER, DONNA C.
STREET ADDRESS 4311 SHORECREST DR.
CITY-ST-ZIP ORLANDO FL 32837

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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

1/15/99

Date

Daytime Phone #

407-599-0875

CR2E034 (11/98)