


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

FILED

Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000079582 (8) 1. Corporation Name JASTECH, INC.			
Principal Place of Business 101 CALIFORNIA STREET SUITE 2050 SAN FRANCISCO CA 94111		Mailing Address 101 CALIFORNIA STREET SUITE 2050 SAN FRANCISCO CA 94111	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Cypress Centre 6600 N. Andrews Avenue Suite, Apt. #, etc. Suite 555 City & State Fort Lauderdale, FL Zip 33309		2a. Mailing Address Cotelligent Group, Inc. 101 California Street Suite, Apt. #, etc. Suite 2050 City & State San Francisco, CA Zip 94111		3. Date Incorporated or Qualified 09/25/1996	
21. Principal Place of Business Cypress Centre 6600 N. Andrews Avenue Suite, Apt. #, etc. Suite 555 City & State Fort Lauderdale, FL Zip 33309		26. Mailing Address Cotelligent Group, Inc. 101 California Street Suite, Apt. #, etc. Suite 2050 City & State San Francisco, CA Zip 94111		4. FEI Number 94-3286988 NOT APPLICABLE	
22. Suite 555		27. Suite 2050		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Fort Lauderdale, FL		28. San Francisco, CA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. 33309		29. 94111		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				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	
TITLE	D JACKSON, DANIEL E 101 CALIFORNIA ST., SUITE 2050 SAN FRANCISCO CA 94111	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P JASKIEL, JUDITH CYPRESS CENTER 6600 N. ANDREWS AVE 555 FT. LAUDERDALE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VI PAKER, CURTIS J 101 CALIFORNIA ST. STE 2050 SAN FRANCISCO CA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S LORRAINE, E V 101 CALIFORNIA ST. STE 2050 SAN FRANCISCO CA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Signature of Registered Agent

1/6/98

415-439-6400

CF2E034 (10/97)