**FILED** 

Jun 07, 1999 8:00 am Secretary of State

06-07-1999 90014 047 \*\*\*550.00

Daytime Phone #

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

Mailing Address 10012 ODICCIN DOAD

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000080262**

1. Corporation Name

Principal Place of Business

JTM INTERNATIONAL, INC.

COOPER CITY I		SUITE 207					
COOPER CITY FL 33328						O NOT WRITE IN THIS SPACE	
:					3. Date Incorporated or Qualifed		i
	•				09/27/1996	1 1 4	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable		
21		26			65-0703716		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country Zip Country			'	8. This corporation owes the current year Intangible		
24	25 29 30			Personal Property Tax.			
Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent	
DI DI	CIDOM MICHAEL I		81	Name			
	HROW, MICHAEL J		82 Street Add		Address (P.O. Box Number is Not Acceptable)		
	SW 98TH WAY						
C00	PER CITY FL 33328		83				
			84	City		85 Zip	Code
			-	,	<u> </u>	.     `	
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					required when reinstating) DATE		
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE  ND DIRECTORS		nt signature	required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12
12.		DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	PD PUCHBOW MICHAEL I	C) DEFEIC					
NAME	DUCHROW, MICHAEL J		1.2 NAME				
STREET ADDRESS	5560 SW 98TH WAY COOPER CITY FL 33328		1	TADDRESS			
CITY-ST-ZIP	COUPER CITT FL 33328	☐ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP	STD	Change	Addition
TITLE					EVELINA M. DUCHROW		<b>A</b>
NAME			2.2 NAME		The second of the country of the cou		
STREET ADDRESS				T ADDRESS	200000 000 El 2272P		
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-	ST-ZIP	COOPER CITY, FL. 33328	Change	Addition
TITLE		☐ NÉTEIE	3.1 TITLE			□ onange	
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		C no ctr	3 4. CITY-	ST-ZIP		Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE			C cuanda	☐ Vocinon:
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-5	T-ZIP			□ 4 dillion
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY- S	T-ZIP			
TITLE	_	☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP	· ·		6.4 CITY- 5	T-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.