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

99 HAY 20 AM 10: 46

SECRETARY OF STATE

DOCUMENT	#	P96000081138
1. Corporation Name		1 00000001100

1. Corporatio JAYSIR	ENTERPRIZES, INC.	.001100		TALLAFIASSE	
Principal Plac	e of Business	Mailing Address	<u> </u>	I IDDYADDY SID IGNAD BYNY DGAY DDYAL DDYAL DDYAL	(BIB) OTBOOK STUDBOOTER ABOUT HEBI
6969 S. TAMIAMI TRAIL 6969 S. TAMIAMI TRAIL SARASOTA FL 34231 SARASOTA FL 34231			DO NOT WRITE IN THIS	SPACE	
ł				3. Date Incorporated or Qualifed	1
]				10/01/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3433305	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Inte	angil le
24	25	29	30	Personal Property Tax.	∏ Yes WNo
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	Agert 1
DOM:	RV MADV		81 Name		
BRIVIK, MARK 6969 S. TAMIAMI TRAIL SARASOTA FL 34231			ress (P.O. Box Number is Not Acceptable)		
) SAIL	A301A 1 E 34231		83		
[84 City	P-1	85 Zip Code
		50 T. 60 T. 60 T. 60 T. 60 T.		FL	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligation.	of Florida. Such change was a	authorized by the corporation	noration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	ilmer t as registered
SIGNATURE	Signature, typed or printed name of registered age.	nt and title if early able (NOTE	Registered Agent signature require	ut when recostation DATE	
12.		ID DIRECTORS	I 13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PVST	[] DELETE	1 1 TITLE		D DIFFECTORS IN 12 (I Change Addition 5) 3 5 5 - 4 88 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAME	BRIVIK, MARK		1.2 NAME	والمنافر والمناور	200 A X
STREET ADDRESS	6969 S. TAMIAMI TRAIL		13 STREET ADDRESS	900002892	333355 B
Ç⊓Y-ST-ZIP	SARASOTA FL 34231		1.4 C/TY+S1+Z/P	-06/02/990	- *****1EU _UU
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NAME {	BRIVIK, MARK		2.2 NAME		
STREET ADDRESS	6969 S. TAMIAMI TRAIL		2 3 STREET ADDRESS		
aty-st-zip	SARASOTA FL 34231		2 4 CITY-ST-ZIP		
7:TLE		☐ DELETE	3 1 TITLE		[] Change [] Addition
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TITLE		[] DELETE	41 TITLE		[] Change [] Addition
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STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		FTCh age F LAddition
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NAME EXPERT ADDRESS			53 STREET ADDRESS		
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C/TY-ST-ZIP TITLE		[.] DELETE	617ITLE		[] Change [] Addition
NAME		4.,,======	62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		1
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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 angual report is true and accurate and that my signature shall have the same legal effect as if made under early 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 attackment with an address, with all other like empowered.