PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P96000083984

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90085 031 ***150.00

JAINCO	ENTERPRISES, INC.						
Principal Plac	e of Business	Mailing Address			1 10011001 (10 10110 01111 00111 00111 00111		
20339 US HWY 27 4800 APOPKA VINELAND RD.							
CLERMONT FL 34711 ORLANDO FL 32819				DO NOT WRITE IN THIS SPACE			
US				3. Date Incorporated or Qualifed			
					10/11/1996		ì
Principal Place of Business 2a. Mailing Address				.,	4. FEI Number	T 1 A	pplied For
<u> </u>					59-3416865		lot Applicable
26 26						\$8.75	Additional
22 27					5. Certifcate of Status Desired		Required
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution		to Fees
Zip Country Zip			Country		8. This corporation owes the current	year Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	stered Agent	
	LIGO D DATINGU FOO		81	Name			ł
PHILLIPS, R. PATRICK ESQ. 200 NORTH THORNTON AVE.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
						·	
ORL	ANDO FL 32801		83				}
			84	City		85 Zip	Code
			1 1			FL T	
office or i agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was au	thorized by	the corporation	oration submits this statement for the pur on's board of directors. I hereby accept the	pose of changing is e appointment as r	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE:	Registered Agen	t signature required	d when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	JAIN, MANOHAR H		1.2 NAME				
STREET ADDRESS	DORESS 4800 APOPKA VINELAND RD.		1.3 STREET	ADDRESS			l
CITY-ST-ZIP			1.4 CITY-S1	r-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME	2.2 N		2.2 NAME	1			ţ
STREET ADDRESS	RESS		2.3 STREET	ADDRESS)
CITY-ST-ZIP	-ST-ZIP		2. 4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE	DELETE 3.1		3.1 TITLE			Change	Addition
NAME	. 321		3.2 NAME				ļ
STREET ADDRESS			3 3 STREET	ADDRESS			Ì
CITY-ST-ZIP	0.11 07 2.1		3.4. CITY-S	T-ZIP			
TITLE	☐ DELETE 4:		4.1 TITLE	Ì		Change	Addition
NAME	ME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				Ì	
CITY-ST-ZIP_			4.4 CITY-S	r-ZIP			
		5.1 TITLE			Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS	•		5 3 STREET				
CITY-ST-ZIP			5.4 CITY-S	Γ- ZIP			
TITLE		☐ DELETE	6.1 TITLE	1		☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS							Į
STREET ADDRESS			6.3 STREET	Ī			

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:

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