

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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90128 023 \*\*\*150.00

DOCUMENT # P96000096782

1. Corporation Name

JWM VENTURES, INC.

Principal Place of Business

10317 WESTLEY WAY  
ORLANDO FL 32525

Mailing Address

10317 WESTLEY WAY  
ORLANDO FL 32525

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1996

4. FEI Number

59-3416002

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 603 FORESTGLEN CT

2a. Mailing Address

26 603 FORESTGLEN CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORLANDO FL

City & State

28 ORLANDO FL

Zip

24 32828

Country

Zip

29 32828

Country

30

9. Name and Address of Current Registered Agent

MASSEY, JOHN W III  
10317 WESTLEY WAY  
ORLANDO FL 32525

10. Name and Address of New Registered Agent

81 Name

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

603 FORESTGLEN CT

83

84 City ORLANDO

FL

85 Zip Code 32828

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

☐ DELETE

TITLE D  
NAME MASSEY, JOHN W III  
STREET ADDRESS 10317 WESTLEY WAY  
CITY-ST-ZIP ORLANDO FL 32525

☐ DELETE

TITLE D  
NAME MASSEY, JULIE W  
STREET ADDRESS 10317 WESTLEY WAY  
CITY-ST-ZIP ORLANDO FL 32525

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

603 FORESTGLEN CT  
ORLANDO FL 32828

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

603 FORESTGLEN CT  
ORLANDO FL 32828

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

Date

Daytime Phone #

5-1-99 (407) 271 5353

CR2E034 (1/98)