Apr 02, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700000018

JJRON	IN ENTERPRISES, INC.		•			 	1 (2 104 1 48)) 48 (11 14	(8) 88 (8) 88 (8) 81	 	:(FF)
Principal Place	e of Business	Mailing	Address			1 (84) (84) (11))(1) #8 (4) 98 (1) 9 ()) {	
4720 LOCUST S	ST NE	4720 LC	OCUST STREET NE							
UNIT 219 UNIT 219					•		DO NOT WRI	TE IN THIS S	SPACE	•
ST PETERSBURG FL 33703 ST PETERSBURG FL 33703 US US						3. Date Incorpora		TE RV TITIO	JI AUL	
us		03				12/26/1996				
3 Principal D	lace of Business	2a Ma	iling Address			4. FEI Number		_	Apr	olied For
	lace of Business	26 Via	illing Address			59-3420955	,		<u> </u>	Applicable
Suite, Apt.	# etc		ite. Apt. #, etc.						\$8.75 A	dditional
22	ir, dio.	27	,,			5. Certifcate of St	atus Desired		Fee Re	
City & State	e'		y & State		. جني مجنس تسهد	6. Election Camp	aign Financing		\$5.00	May Be
23		28				Trust Fund Co			Added to	
Zip	Country	Zip	,	Cou	ntry	8. This corporation	n owes the curr			_
24	25	29		30		Personal Prope				□No
	9. Name and Address of C	Current Registere	d Agent		84 N	10. Name and Ad	dress of New F	Registered A	igent	_
IONI	ICC LODAINE M				81 Name	M J. H	sev -			
JONES, LORAINE M					dress (P.O. Box Number	r is Not Accepta	able)			
990 BROADWAY					4721	2 Locust S	XNE_			
Suite d Dunedin Fl 34698				83 H2	19					
DON	IEDIN FL 34030				84 City	@ 1-0-2-		FL	85 Zip C	ode 3703
					27.	Getersbu			hanging its	registered
11. Pursuant office or re	to the provisions of Sections 60 egistered agent, or both, in the maniliar with, and accept the)7.0502 and 607.1 State of Florida. S	508, Fiorida Statute Such change was au	is, the ai thorized	by the corpora	ation's board of directors	. I hereby acce	ot the appoin	tment as reg	gistered
agent. I a	im tamiliar with, and accept the	obligations of, Sec	ction 607.0505, Flori	ida Statı	tes.		3/2	3/99		
	Clarketh. C	/ / /								
SIGNATURE	Local Le A	- // Para i and title if anni	lianhla (NOTE:	Registered	Anent signature regu	ized when reinstating)	10	DATE		 . \
		ered agent and title if appl		Registered	Agent signature requ	uired when reinstating)	ANGES TO OF		D DIRECTO	RS IN 12
12.	OFFICER	wed agent and title if appl RS AND DIRECTO				uired when reinstating) ADDITIONS/CH	ANGES TO OF		D DIRECTO	RS IN 12
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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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP