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

PROFIT CORPORATION ANÑÛAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000013677

J.N.E. ENTERPRISES, INC.

17	*		`
rincipal Place of Business		Mailing Address	
6 CORYDON DR.		16 CORYDON DR.	

FILED Jan 30, 1999 8:00am **Secretary of State**

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ı	Principal Place	of Business	Mailing Add	dress					,			
Ш	i i CORYDON (•					
i	MIAMI SPRINGS	GS FL 33166 MIAMI SPRINGS FL 33166				DO NOT WRITE IN THIS SPACE						
Ш								3. Date Incorporated or Qualife		OFACE		1
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1				A-1-1			•	02/12/1997 4. FEI Number			- U - J F	┨
	IZ. Principal Pl	lace of Business	2a. Mailing Address				1 "			plied For	- 8	
2	11		26					65-0727903			t Applicable	1 3
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		* \$8.75 A] ·.`	
2	12		27					<u></u>	Fee Re	· · · · · · · · · · · · · · · · · · ·	1	
	P City & State	Э	City & S	State				6. Election Campaign Financing	у . П	\$5.00	May Be	
1	з		28					Trust Fund Contribution	-	Added to	o Fees	
	Zip	Country	Zip	<u> </u>	Cour	ntry -		8. This corporation owes the cu	irrent year Int			
Œ	4	25	29	3	0			Personal Property Tax.		Yes	□No	
I	3.4	9. Name and Address of Current I	Registered Aç	ent				10. Name and Address of New	Registered.	Agent		1
	1,					81	Name					
l		NO, EMMA			-	82	Ctroot Addro	ss (P.O. Box Number is Not Accep	stable) .			┨
į	· · · · 16 C	CORYDON DR				02	Street Addre	ss (F.O. Box Number is Not Accep	itable)			
	MIAN	MI SPRINGS FL 33166			ŀ	83		T 13 7 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	\$1	14404.44	1781 1881 1731	1
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u		*				84	City	· · · · · · · · · · · · · · · · · · ·	FI	85 Zip C	ode	
Щ	dd dDurania at	to the provisions of Sections 607.0502 a	and CO7:1500	Florida Statutos	the at	OVO F	named corne	ration submits this statement for th	e nurnose of	changing its	registered	1
	office or re	egistered agent, or both, in the State of	Florida, Such	change was aut	horized	by th	e corporation	's board of directors. I hereby acc	ept the appoi	ntment as reg	gistered	
Ш	agent, I ar	m familiar with, and accept the obligatio	ns of, Section	607.0505, Florid	ta Statu	ıtes.			-	: .		
	SIGNATURE								•			
ľ	- / 	Signature, typed or printed name of registered agent a		(NOTE: R		Agent s	ignature required	when reinstating) 77 10 CHANGES TO C	DATE ECICEDO AN	ID DIRECTO	. ·	∤ 6
Ц	12.	OFFICERS AND	DIRECTORS	☐ DELETÉ	13.			ADDITIONS/CHANGES TO C	FFICERS AN	☐ Change	Addition	🗧
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Thereby 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 of 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 attackment with an address, with all other like empowered.