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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90038 030 ***150.00

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POZOCO14906

 Corporation 	J. LEWIS, INC.	014900						
Principal Place	e of Business	Mailing Address					183 11811 84818 18141	
3500 JENNIE JEWEL PL ORLANDO FL 32806 3500 JENNIE JEWEL PL ORLANDO FL 32806 ORLANDO FL 32806						DO NOT WRITE IN TH	IIS SPACE	
						3. Date Incorporated or Qualifed 02/13/1997		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For
21		26				59-3428823	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•			5. Certifcate of Status Desired	\$8.75 Fee Re	Additional equired
City & State	e	City & State	7.			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
23 Zip	Country	Zip	Count	ry	- 11	8. This corporation owes the current year	Intangible	
24	25 29 30			•		Personal Property Tax.	¥ŽiYes	□No
	9. Name and Address of Curren					10. Name and Address of New Registere	ed Agent	
	3. Hame and Address of Carren		8	11 N	ame			
LEWIS, NANCY J 3500 JENNIE JEWEL PL				12 S	reet Addr	ess (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32806				33				
			8	34 C	ty		85 Zip	
11. Pursuant office or reagent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was au tions of, Section 607.0505, Flori	is, the about thorized to ida Statute	ove-na by the es.	med corp corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered A	gent sigr	ature required	d when retostating) , DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TITU	Ε			Change	Addition
NAME	LEWIS, NANCY J		1.2 NAM	E				!
STREET ADDRESS	3500 JENNIE JEWEL PLACE		1.3 STR	EET ADC	RESS			
CITY-ST-ZIP	ORLANDO FL 32806		1.4 CITY	-ST-ZIP		•		
TITLE	ST	DELETE 2.1					☐ Change	☐ Addition
	LEWIS, NANCY J	2.2		F				
NAME	3500 JENNIE JEWEL PL		2.3 STRI		DESS		•	
STREET ADDRESS	ORLANDO FL 32806				1			
CITY-ST-ZIP	UNLANDO FL 32000			2.4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
TITLE	<u>.</u>	□ pereie					<u></u>	
NAME			3.2 NAM			•		
STREET ADDRESS			3.3 STR				14 July 1	3. 有数数
CITY-ST-ZIP			3.4. CIT		·		- Change	T Addition
TITLE		☐ DELETE	4.1 TITL	E	'	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
NAME		•	4. 2 NAA	Æ				*
STREET ADDRESS			4.3 STR	EET ADE	RESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIF			·	.
TITLE		☐ DELETE	5.1 TITL	E			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.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CiTY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

☐ Addition