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FILED

Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000015737

1. Corporation Name
J.T.'s World of Products Inc.

Principal Place of Business

Mailing Address

920 NW 45 ST #4
Pompano FL.
33064

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

21 FEB 1997

2. Principal Place of Business

21 920 NW 45 ST

2a. Mailing Address

26 920 NW 45 ST.

Suite, Apt. #, etc.

22 #4

Suite, Apt. #, etc.

27 #4

City & State

23 Pompano FL.

City & State

28 Pompano FL.

Zip

24 33064

Country

Zip

29 33064

Country

30

4. FEI Number

65-0728929

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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERI LAWYER
343 ALMERIA AVE.
CORAL GABLES FL.
33134

81 Name

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

83

84 City

FL

85 Zip Code

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 (Type or printed name of registered agent and if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P-T-5 ☐ DELETE

NAME JOSEPH TRAMONTANA

STREET ADDRESS 920 NW 45 ST. #4

CITY-ST-ZIP Pompano Bch. FL. 33064

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

P-T-5

JOSEPH TRAMONTANA

920 NW 45 ST #4

Pompano FL. 33064

☐ Change

☐ Addition

☐ Change

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☐ Change

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***150.00

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.

SIGNATURE:

JOSEPH TRAMONTANA

4-1-98 (954) 783-0524

Date

Daytime Phone #

CR2E034 (10/97)