

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
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90018 002 ***550.00

DOCUMENT # P97000031519

1. Corporation Name
J. LABS, INC.

Principal Place of Business
5905-A HAMPTON OAKS PKY.
TAMPA FL 33610

Mailing Address
5905-A HAMPTON OAKS PKY.
TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1997

4. FEI Number

59-3438925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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. 6950 Bryan Dairy Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26. 6950 Bryan Dairy Rd.
Suite, Apt. #, etc.

23. City & State

Largo, FL 33777

24. 33777 25. USA

27. City & State

28. Largo, FL

29. 33777 30. USA

9. Name and Address of Current Registered Agent

SEKHARAM, KOTHA S
5905-A HAMPTON OAKS PKY.
TAMPA FL 33610

10. Name and Address of New Registered Agent

81. Name Kotha S. Sekharam
82. Street Address (P.O. Box Number is Not Acceptable)
6950 Bryan Dairy Road
83.
84. City Largo FL 85. Zip Code 33777

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 resigning)

Kotha S. Sekharam, Sec. 5/17/99

12. OFFICERS AND DIRECTORS

TITLE CSDT ☐ DELETE
NAME TANEJA, JUGAL K
STREET ADDRESS 5905-A HAMPTON OAKD PKY
CITY-ST-ZIP TAMPA FL 33610

TITLE PD ☐ DELETE
NAME SEKHARAM, KOTHA S
STREET ADDRESS 5905-A HAMPTON OAKS PKY.
CITY-ST-ZIP TAMPA FL 33610

TITLE VP ☐ DELETE
NAME TANEJA, MIHIR K
STREET ADDRESS 5905-A HALPTON OAKS PKWY
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C.D.P. ☒ Change ☐ Addition
1.2 NAME Jugal K. Taneja
1.3 STREET ADDRESS 6950 Bryan Dairy Rd.
1.4 CITY-ST-ZIP Largo, FL 33777

2.1 TITLE D.S.T. ☒ Change ☐ Addition
2.2 NAME Kotha S. Sekharam
2.3 STREET ADDRESS 6950 Bryan Dairy Rd
2.4 CITY-ST-ZIP Largo, FL 33777

3.1 TITLE VP ☒ Change ☐ Addition
3.2 NAME Mihir K. Taneja
3.3 STREET ADDRESS 6950 Bryan Dairy Rd.
3.4 CITY-ST-ZIP Largo, FL 33777

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

Kotha S. Sekharam, Sec. 5/17/99 727/544-8866

CR2E034 (11/98)