## 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** 

## DOCUMENT # P97000042220 1. Corporation Name

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90159 013 \*\*\*150.00

J.J.P.M. I	INC.						
Principal Place	e of Business	Mailing Address			- 1 EBU11880 118 10111 10811 80111 00111 00111 00111 1	INDIA MENDAMENTAL	HELL WEST 1881
6848 HALF MOON DR. 6848 HALF MOON DR. SARASOTA FL 34231 SARASOTA FL 34231					DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualifed	017102	
					05/09/1997		\
2 Principal Pt	tace of Business	2a. Mailing Address			4. FEI Number	Арр	lied For
21	acc or desirioss	26 662184	0=0.0	RAVE	65-0760629	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1 rene	7 17 2	5. Certificate of Status Desired	<b>\$8.75</b> Ac	I .
22		27			·		
City & State	e	City & State	1		6. Election Campaign Financing Trust Fund Contribution	- \$5.00 N Added to	
23	Country	28 SARASD+A	Country		This corporation owes the current year Interest.		71 003
Zip	25		50		Personal Property Tax.		□No
24	9. Name and Address of Curre		<u></u>		10. Name and Address of New Registered	Agent	
	3. Hallie Bild Addition of Court	int itagiata an rigani	81	Name			
	WENSTERN, LINDA		82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
6621 SUPERIOR AVENUE SARASOTA FL 34231			83				-
			84	City		85 Zip C	ode
				•	<u>FL</u>	<u>.                                     </u>	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was aut	inorized by t	-named corpo he corporatior	ration submits this statement for the purpose of o's board of directors. I hereby accept the appoi	ntment as reg	istered
SIGNATURE	Signature, typed or printed name of registered as	rest and tells if conficable (NOTE: F	Penistered Anent	signature required	when reinstating) DATE		
12.			<u> </u>			ID DIDECTOR	
		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIKECTOR	RS IN 12
TITLE	PVST	ND DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE NAME	PVST MORGAN, PAMELA				ADDITIONS/CHANGES TO OFFICERS AN		
	PVST MORGAN, PAMELA P O BOX 19904		1.1 TITLE	AODRESS	ADDITIONS/CHANGES TO OFFICERS AN		
NAME STREET ADDRESS	MORGAN, PAMELA		1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICERS AN		Addition
NAME	Morgan, Pamela P o Box 19904		1.1 TITLE 1.2 NAME 1.3 STREET		ADDITIONS/CHANGES TO OFFICERS AN		
NAME STREET ADDRESS CITY-ST-ZIP	Morgan, Pamela P o Box 19904	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET/ 1.4 CITY-ST-		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	Morgan, Pamela P o Box 19904	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET/ 1.4 CITY-ST- 2.1 TITLE	ZIP	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORGAN, PAMELA P O BOX 19904 SARASOTA FL 34276	☐ DELETE ☐ DELETE ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 1 3.1 TITLE 3.2 NAME 3.3 STREET 3 4.1 TITLE 4.2 NAME 4.3 STREET 4 4.4 CITY-ST 5.1 TITLE 5.2 NAME	ADDRESSZIP  ADDRESSZIP  ADDRESSZIP  ADDRESSZIP  ADDRESS	ADDITIONS/CHANGES TO OFFICERS AN	Change Change	Addition  Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MORGAN, PAMELA P O BOX 19904 SARASOTA FL 34276	☐ DELETE ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 5.4 CITY-ST 5.4 CITY-ST	ADDRESSZIP  ADDRESSZIP  ADDRESSZIP  ADDRESSZIP  ADDRESS	ADDITIONS/CHANGES TO OFFICERS AN	Change Change Change Change	Addition  Addition  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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR