


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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90164 037 \*\*\*150.00

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| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999  |  |  |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| DOCUMENT # P97000054831  |  |   |  |   |  |
| 1. Corporation Name<br>JAX ASSOCIATES, INC.  |  |   |  |   |  |
| Principal Place of Business<br>7680 REPUBLIC DRIVE<br>SUITE 110<br>ORLANDO FL 32819  |  |   | Mailing Address<br>7680 REPUBLIC DRIVE<br>SUITE 110<br>ORLANDO FL 32819  |   |  |
| 2. Principal Place of Business<br>21 7680 Universal Blvd<br>Suite, Apt. #, etc. 110<br>City & State Orlando, FL<br>Zip 32819 Country Orange  |  |   |  |   |  |
| 2a. Mailing Address<br>27 7680 Universal Blvd<br>Suite, Apt. #, etc. 110<br>City & State Orlando, FL<br>Zip 32819 Country Orange   |  |   |  |   |  |
| 3. Date Incorporated or Qualified<br>06/20/1997  |  |   |  |   |  |
| 4. FEI Number<br>59-3483116  |  |   |  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |   |  |   |  |
| 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |   |  |   |  |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  |   |  |
| 9. Name and Address of Current Registered Agent<br>PICCIONE, JOHN<br>7680 REPUBLIC DRIVE<br>SUITE 110<br>ORLANDO FL 32819  |  |   | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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.<br>SIGNATURE <u>John Piccione - President</u> 1/7/99<br>(NOTE: Registered Agent signature required when reinstating) |  |   |  |   |  |
| 12. OFFICERS AND DIRECTORS   |  |   |  |   |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |   |  |   |  |
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |   |  |
| 1.2 NAME   |  |   |  |   |  |
| 1.3 STREET ADDRESS   |  |   |  |   |  |
| 1.4 CITY-ST-ZIP  |  |   |  |   |  |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |   |  |
| 2.2 NAME   |  |   |  |   |  |
| 2.3 STREET ADDRESS   |  |   |  |   |  |
| 2.4 CITY-ST-ZIP  |  |   |  |   |  |
| 3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |   |  |
| 3.2 NAME   |  |   |  |   |  |
| 3.3 STREET ADDRESS   |  |   |  |   |  |
| 3.4 CITY-ST-ZIP  |  |   |  |   |  |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |   |  |
| 4.2 NAME   |  |   |  |   |  |
| 4.3 STREET ADDRESS   |  |   |  |   |  |
| 4.4 CITY-ST-ZIP  |  |   |  |   |  |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |   |  |
| 5.2 NAME   |  |   |  |   |  |
| 5.3 STREET ADDRESS   |  |   |  |   |  |
| 5.4 CITY-ST-ZIP  |  |   |  |   |  |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: John Piccione - President 1/7/99 407/345-9960  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)