

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  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90170 013 \*\*\*150.00

DOCUMENT # P97000075433

1. Corporation Name

JAX COMPUTER INTERNATIONAL, INC.



Principal Place of Business

1701 THE GREENS WAY #913  
JACKSONVILLE BEACH FL 32250

Mailing Address

1701 THE GREENS WAY #913  
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1997

4. FEI Number

59-3465793

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 14333-21 Beach Blvd

2a. Mailing Address

26 14333-21 Beach Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Jacksonville, FL

City & State

28 Jacksonville FL

Zip

Country

24 32250 25 USA

Zip

Country

29 32250 30 USA

9. Name and Address of Current Registered Agent

AVITAN KOZINER  
1701 THE GREENS WAY #913  
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name

Avitan Koziner

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

8343 Hogan Road, Apt 188

83

84 City

Jacksonville

FL

85 Zip Code

32216

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

Avitan Koziner

1/28/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P/D ☐ DELETE

NAME KOZINER, AVITAN  
STREET ADDRESS 1701 THE GREENS WAY #913  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE V/D ☐ DELETE

NAME SORKIN, ALEXANDER name misspelled  
STREET ADDRESS 1701 THE GREENS WAY #913  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 8343 Hogan Road, Apt 188  
1.4 CITY-ST-ZIP Jacksonville, FL 32216

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Sorkin, Aleksandr S.  
2.3 STREET ADDRESS 4463 Autumn River Rd  
2.4 CITY-ST-ZIP Jacksonville, FL 32224

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

1/28/99 (904) 821-0012

Date

Daytime Phone #

CR2E034 (11/98)