## 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 # P9700098208

JAGMAR INCORPORATED

Principal Place of Business	Mailing Address
1007 WYNDHAM WAY SAFETY HARBOR FL 34695	1007 WYNDHAM WAY SAFETY HARBOR FL 34695
<del>-</del>	2a. Mailing Address
Suite, Apt. #, etc.	—
1	Suite, Apt. #, etc.

9. Name and Address of Current Registered Agent

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90084 021 \*\*\*150.00



Applied For

Fee Required

\$5.00 May Be Added to Fees

Yes

Not Applicable \$8.75 Additional

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired - -

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

11/17/1997 4. FEI Number

59-3482945

11. Pursuant to the pro	HAM WAY RBOR FL 34695  visions of Sections 607.0502 and 607.1508, agent, or both, in the State of Florida, Such		82 83		Address (P.O.	Box Numb	er is Not Acce	eptable)		
SAFETY HAP  11. Pursuant to the pro- office or registered	RBOR FL 34695  visions of Sections 607.0502 and 607.1508, agent, or both, in the State of Florida, Such			1	APP.					
11. Pursuant to the pro	visions of Sections 607.0502 and 607.1508, agent, or both, in the State of Florida, Such									
office or registered	agent, or both, in the State of Florida, Such		84				•			
office or registered	agent, or both, in the State of Florida, Such			City				FI	85 Z	ip Code
office or registered	agent, or both, in the State of Florida, Such	Florida Statutes	the abov	e-named	corporation su	bmits this s	tatement for	the purpose o	f changing	its registered
	with, and accept the obligations of, Section	change was auth	orized by	the corpo	oration's board	of director	s. I hereby ac	cept the appo	intment as	registered
SIGNATURE	The same of the sa	NOTE: D			equired when reinst	internal .		DATE		<del></del>
Signature, ty	ped or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS	(NOTE: Re	13.	nt signature i			ANGES TO	OFFICERS A	ND DIREC	TORS IN 12
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