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 # P97000100227

1. Corporation Name

JINXED, INC.

Principal Place of Business	Mailing Address
25161 RIDGE OAK DRIVE BONITA SPRINGS FL 34134	25161 RIDGE OAK DRIVE BONITA SPRINGS FL 34134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
11/25/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 27160 RIDGE OAK	26 27160 RIDGE OAK DRIVE	65-0796768	Not Applicable

Suite, Apt. #, etc. | Suite, Apt. #, etc.
22 | 27

| 5. Certifcate of Status Desired ☐ | $8.75 Additional Fee Required |

City & State
23 Bonita Springs, FL | 28 Bonita Spgs FL

| 6. Election Campaign Financing ☐ Trust Fund Contribution | $5.00 May Be Added to Fees |

Zip / Country
24 34135 | 25 US | 29 34135 | 30 US

8. This corporation owes the current year Intangible Personal Property Tax. ☒Yes ☐No

9. Name and Address of Current Registered Agent

KOMP, ED
25161 RIDGE OAK DRIVE
BONITA SPRINGS FL 34134

10. Name and Address of New Registered Agent

81 Name STEPHANIE J. KOMP
82 Street Address (P.O. Box Number is Not Acceptable) 25161 RIDGE OAK DR
83
84 City BONITA SPRINGS FL | 85 Zip Code 34134

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 reinstating)

4/30/99 DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	☒DELETE	1.1 TITLE	☐Change ☐Addition
NAME KOMP, ED		1.2 NAME	
STREET ADDRESS 25161 RIDGE OAK DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP BONITA SPRINGS FL 34134		1.4 CITY-ST-ZIP	
TITLE D	☐DELETE	2.1 TITLE	☐Change ☐Addition
NAME KOMP, STEPHANIE		2.2 NAME	
STREET ADDRESS 25161 RIDGE OAK DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP BONITA SPRINGS FL 34134		2.4 CITY-ST-ZIP	
TITLE	☐DELETE	3.1 TITLE	☐Change ☐Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐DELETE	4.1 TITLE	☐Change ☐Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐DELETE	5.1 TITLE	☐Change ☐Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐DELETE	6.1 TITLE	☐Change ☐Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

4/30/99 Date

941 947 5900 Daytime Phone #

CR2E034 (11/98)