


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

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90044 006 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000106531</b>					
1. Corporation Name <b>JNR HOLDINGS, INC.</b>					
Principal Place of Business 5231 BON VIVANT DR SUITE 180 TAMPA FL 33603 US			Mailing Address 5231 BON VIVANT DR SUITE 180 TAMPA FL 33603 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>5206 Bon Vivant Dr.</b>		26 <b>5206 Bon Vivant Dr.</b>		12/18/1997	
Suite, Apt. #, etc. 22 <b>#28</b>		Suite, Apt. #, etc. 27 <b>#28</b>		4. FEI Number <b>59-3488319</b>	
City & State 23 <b>Tampa, FL</b>		City & State 28 <b>Tampa FL</b>		Applied For Not Applicable	
Zip 24 <b>33603</b>		Zip 29 <b>33603</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>SAMELA, VERONICA A 5203 NORTH BOULEVARD APARTMENT #10 TAMPA FL 33603</b>				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent				DO NOT WRITE IN THIS SPACE	
81 Name <b>VERONICA SAMELA</b>					
82 Street Address (P.O. Box Number is Not Acceptable) <b>5206 Bon Vivant Dr. #28</b>					
83					
84 City <b>Tampa</b>				85 Zip Code <b>33603</b>	
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 <b>Veronica Samela</b> <b>VERONICA SAMELA, PRESIDENT</b> <b>4/26/99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SAMELA, VERONICA A</b>	1.2 NAME			
STREET ADDRESS	<b>5231 BON VIVANT DR, APT 180</b>	1.3 STREET ADDRESS	<b>5206 Bon Vivant Dr. #28</b>		
CITY-ST-ZIP	<b>TAMPA FL 33603</b>	1.4 CITY-ST-ZIP	<b>Tampa, FL 33603</b>		
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (11/98)

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