

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90228 044 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000017844

1. Corporation Name
SOJOURN INTERNATIONAL ENTERPRISES, INC.

Principal Place of Business
 2601 RUNYON CIRCLE
 ORLANDO FL 32837

Mailing Address
 2601 RUNYON CIRCLE
 ORLANDO FL 32837



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/23/1998

4. FEI Number
59-3495804220312 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 Suite, Apt. #, etc. 22

23 City & State

24 Zip 25 Country 26 Mailing Address 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country

9. Name and Address of Current Registered Agent
LAVIGNE, JAMES R
5401 S. KIRKMAN RD., STE. 500
ORLANDO FL 32819

10. Name and Address of New Registered Agent
 81 Name **SAME AS BEFORE LAVIGNE, JAMES**
 82 Street Address (P.O. Box Number is Not Acceptable) **5301 CONROY RD**
 83 **SUITE 140**
 84 City **ORLANDO** 85 Zip Code **FL 32811**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D JEFFREYS, CONSTANCE	1.2 NAME	JEFFERYS CONSTANCE
STREET ADDRESS	9375 OLDE DR., RR#2 MT. BRYDGES	1.3 STREET ADDRESS	2601 RUNYON CIRCLE
CITY-ST-ZIP	ONTARIO, CANADA N0L1W0	1.4 CITY-ST-ZIP	ORLANDO FL 32837
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D JEFFREYS, JAMIESON	2.2 NAME	JEFFERYS JAMIESON
STREET ADDRESS	9375 OLDE DR., RR#2 MT. BRYDGES	2.3 STREET ADDRESS	2601 RUNYON CIRCLE
CITY-ST-ZIP	ONTARIO, CANADA N0L1W0	2.4 CITY-ST-ZIP	ORLANDO FL 32837
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: **Constance Jefferys** **CONSTANCE JEFFERYS** 407 240 3558
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **APR 14 1999** Daytime Phone #

CR2E034 (11/98)