PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000023541

1. Corporation Name

JACU ENTERPRISES INC.

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90014 038 ***150.00



Principal Place of Business Mailing Address										
1438 ARGYLE DR FORT MYERS FL 33919		438 ARGYLE DR								
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					-	3. Date Incorporated or Quali		O SPACE		1
					ļ	03/12/1998	ieu		l	
2. Principal Place of Business	2:	n Aniling Address				4. FEI Number		Ann	olied For	ł
	 	PARA	60	284		65-08	258	-/-/	Applicable	
Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	000	20 1		<u> </u>	<u> </u>	\$8.75 A	<u>, , </u>	
	27	7	_		.	5. Certificate of Status Desire	d 🔲	Fee Re		<u> </u>
City & State	- 21	City & State		~1	- 1	6. Election Campaign Finance	ina	\$5.00	May Re	-
23	28	- Late	YERS	5. FL.		Trust Fund Contribution	g 🗆	Added to		İ
	Country	Zio	Cou	ntry		8. This corporation owes the	current year			1
24 25	29	33906	30	USA		Personal Property Tax.			No	İ
	Address of Current Reg	istered Agent	1501		- 1	10. Name and Address of Ne	w Registere	d Agent	· · · · · · · · · · · · · · · · · · ·	ļ
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Grecu, dan				00 00		ID O. D No bas in Not And	antabla)		"	┨
1438 ARGYLE DR				82 Street A	Address	(P.O. Box Number is Not Acc	eptable)	10		
FORT MYERS FL 3	3919			83						1
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				84 City			F	85 Zip C	.ode	1
11. Pursuant to the provisions	of Sections 607.0502 and	607.1508. Florida Statu	ites, the a	bove-named o	corpora	tion submits this statement for	the purpose	of changing its	registered	1
office or registered agent.	or both, in the State of Flor	rida, Such change was :	authorized	by the corpor	ration's	board of directors. I hereby a	ccept the app	ointment as reg	gistered	1
. agent. I am familiar with, a	ind accept the obligations of	or, Section 607.0505, Fi	oriua Stat	uies.					· · ·	1
SIGNATURE Signature, broad of tri	nted name of registered agent and titl	le if applicable. (NOT	E: Registered	Agent signature re	equired wh	en reinstating)	DATE			: ا
12.	OFFICERS AND DIR		13.			ADDITIONS/CHANGES TO	OFFICERS A	AND DIRECTO	RS IN 12	၂ ဋိ
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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 appliedress, with all other like empowered.

SIGNATURE: