

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 # P98000027349

1. Corporation Name

JAS FLORIDA MANAGEMENT, INC.

Principal Place of Business

2300 GLADES ROAD  
STE 302E  
BOCA RATON FL 33431

Mailing Address

2300 GLADES ROAD  
STE 302E  
BOCA RATON FL 33431

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90031 002 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1998

4. FEI Number

65-0827974

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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 6400 EAST ROGERS CIRCLE

2a. Mailing Address

26 6400 EAST ROGERS CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 BOCA RATON FLORIDA

27 City & State

28 BOCA RATON, FLORIDA

Zip

Country

24 33499 25 U.S.

Zip

Country

29 33499 30 U.S.

9. Name and Address of Current Registered Agent

SCIARRETTA, STEVEN A ESQ  
2300 GLADES ROAD  
STE 302E  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

DON SETA

82 Street Address (P.O. Box Number is Not Acceptable)

6400 EAST ROGERS CIRCLE

83

84 City

BOCA RATON

FL

85 Zip Code

33499

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SCIARRETTA, STEVEN A ESQ  
STREET ADDRESS 2300 GLADES RD, STE 302E  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE P  
2.2 NAME JOSEPH SETA  
2.3 STREET ADDRESS 6400 EAST ROGERS CIRCLE  
2.4 CITY-ST-ZIP BOCA RATON, FL 33499

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE V  
4.2 NAME ANTHONY SETA  
4.3 STREET ADDRESS 6400 EAST ROGERS CIRCLE  
4.4 CITY-ST-ZIP BOCA RATON, FL 33499

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/99 (S61) 994-2660

Daytime Phone #

CR2E034 (11/98)