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FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90051 013 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000028130

1. Corporation Name

JAMELI, INC.

Principal Place of Business

2416 LANCASHIRE ST
KISSIMMEE FL 34744

Mailing Address

2416 LANCASHIRE ST
KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1998

4. FEI Number

59-3499262

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

9. Name and Address of Current Registered Agent

JAMIL ELISIS,
2416 LANCASHIRE ST
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name

JAMIL ELISIS

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

487 KASSIK CIRCLE

83

84 City

ORLANDO

FL

85 Zip Code

32824

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

JAMIL ELISIS

Signature, typed or printed name of registered agent and title if applicable.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSVT
NAME ELISIS, JAMIL
STREET ADDRESS 2416 LANCASHIRE LANE
CITY-ST-ZIP KISSIMMEE FL 34744

☒ DELETE

TITLE D
NAME ELISIS, JAMIL
STREET ADDRESS 2416 LANCASHIRE LANE
CITY-ST-ZIP KISSIMMEE FL 34744

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PSVT

☒ Change

☐ Addition

1.2 NAME

ELISIS, JAMIL

1.3 STREET ADDRESS

487 KASSIK CIRCLE

1.4 CITY-ST-ZIP

ORLANDO, FL. 32824

2.1 TITLE

D

☒ Change

☐ Addition

2.2 NAME

ELISIS, JAMIL

2.3 STREET ADDRESS

487 KASSIK CIRCLE

2.4 CITY-ST-ZIP

ORLANDO, FL. 32824

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

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:

JAMIL ELISIS

JAMIL ELISIS

4/18/99

Date

Daytime Phone #

CR2E034 (1/98)