

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90167 013 ***150.00

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DOCUMENT # P98000029958

1. Corporation Name

JASS WORLDWIDE, INC.

Principal Place of Business

3535 N. U.S. 1
SUITE #3
COCOA FL 32926

Mailing Address

3535 N. U.S. 1
SUITE #3
COCOA FL 32926

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1998

4. FEI Number

59-3508090

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 3935-L N. U.S.1

2a. Mailing Address

26 3935-L N. U.S.1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Cocoa, FL

City & State

28 Cocoa, FL

Zip Country

24 32926 25 USA

Zip Country

29 32926 30 USA

9. Name and Address of Current Registered Agent

HIGGINBOTHAM, TRACEY C
3535 N. U.S. 1
SUITE #3
COCOA FL 32926

10. Name and Address of New Registered Agent

81 Name Higginbotham, Tracey C.

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

3935-L N. U.S.1

83

84 City

Cocoa

FL

85 Zip Code

32926

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

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

TRACEY C. HIGGINBOTHAM
(NOTE: Registered Agent signature required when reinstating)

4/20/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D HIGGINBOTHAM, TRACEY C**
STREET ADDRESS **3535 N. U.S. 1 SUITE #3**
CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D Tracey C. Higginbotham**
1.3 STREET ADDRESS **3935-L N. U.S.1**
1.4 CITY-ST-ZIP **Cocoa, FL. 32926**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D John G. Shaw**
2.3 STREET ADDRESS **3935-L N. U.S.1**
2.4 CITY-ST-ZIP **Cocoa, FL. 32926**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)