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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000029958

JASS WORLDWIDE, INC.

Principal Place of Business	Mailing Address		I INDICATO ISTO INCOMINATION OF THE MANUE	Måter aberra tfora tasia tärat gistet rast tant
3535 N. U.S. 1	3535 N. U.S. 1			
SUITE #3	SUITE #3		DO NOT WRITE	IN THIS SPACE
COCOA FL 32926	COCOA FL 32926	•	Do NOT WRITE 3. Date Incorporated or Qualifed	IN THIS SPACE
			04/01/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 3935-L N. U.S.1	26 3935-L N. U.	S.1	59-3508090	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certifcate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Cocoa, Fl.	28 Cocoa, Fl.	_	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the curren	`
24 32926 25 USA	29 32926 3 6	o USA	Personal Property Tax.	y Yes □ No
9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Re	gistered Agent
THOOMBOTHALL TOACEV O		81 Name H	ligginbotham, Tracey C	
HIGGINBOTHAM, TRACEY C		82 Street Add	ress (P.O. Box Number is Not Acceptabl	e)
3535 N. U.S. 1			1935-L N. U.S.1	
SUITE #3		83		
COCOA FL 32926		84 City		85 Zip Code
·		'	locoa.	FL 32926
11. Pursuant to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes,	i, the above-named corporate	poration submits this statement for the pu ion's board of directors. I hereby accept t	rpose of changing its registered the appointment as registered
office or registered agent, or both, in the Stagent. I am familiar with, and accept the obl	ligations of, Seption 607.0505, Florid	la Statutes.	/	
1 1 -11 -	intestion IR	ACEU (L	FIGHINBOTHAM	4/20/99
SIGNATURE Signature, typegor printed name of persuade	agent and title if applicable. (NOTE: Re	ACEY Legistered Agent signature requir	HIGHUBOTHAM red when reinstating)	4/20/99
SIGNATURE Signature, types of printed name of passified 12. OFFICERS	agent and title if applicable. (NOTE: Re	ACEY legistered Agent signature requir 13.	FIGHINBOTHAM	DATE CERS AND DIRECTORS IN 12
SIGNATURE Signature, types or printed name of passified 12. OFFICERS	agent and title if applicable. (NOTE: Real AND DIRECTORS	legistered Ayent signature required 13.	HILLEUBOTHAM ed when reinstating) ADDITIONS/CHANGES TO OFFIC	4/20/99
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SIGNATURE Signature, types or printed name of perspect 12. OFFICERS TITLE D NAME HIGGINBOTHAM, TRACEY C STREET ADDRESS 3535 N. U.S. 1 SUITE #3	agent and title if applicable. (NOTE: Real AND DIRECTORS	egistered Agent signature requirements of the signature requiremen	ADDITIONS/CHANGES TO OFFICE acey C. Higginbotham 35-L N. U.S.1	DATE CERS AND DIRECTORS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE RECEIPED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #