
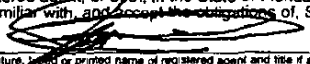



FILED

May 13, 1999 8:00 am  
Secretary of State

05-13-1999 90015 030 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P 99000035227 ✓</b> 1. Corporation Name <b>JDM Enterprises</b>			
Principal Place of Business <b>mobile</b>		Mailing Address <b>P.O. Box 550950          Jacksonville FL 32255</b>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 <b>mobile</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>P.O. Box 550950</b> Suite, Apt. #, etc.	
22 City & State		27 City & State <b>Jacksonville FL</b>	
23 Zip Country 24 <b>32255</b> 25 <b>USA</b>		3. Date Incorporated or Qualified <b>4-17-98</b>	
4. FEI Number <b>59-3609660</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>Jeffrey D. Malinowski</b> <b>12011 Wren Hollow Court</b> <b>Jacksonville FL 32246</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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 		DATE <b>4-26-99</b>	
12. OFFICERS AND DIRECTORS TITLE <b>President</b> <input type="checkbox"/> DELETE NAME <b>Jeffrey D. Malinowski</b> STREET ADDRESS <b>12011 Wren Hollow Ct</b> CITY-ST-ZIP <b>Jacksonville FL 32246</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: 		DATE: <b>4-26-99</b>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Jeffrey D. Malinowski</b>		DAYTIME PHONE # <b>904-998-7320</b>	

CR2E034 (1/98)