FILED Sep 16, 1999 8:00 am Secretary of State

09-16-1999 90004 004 ***550.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999		DIVISION OF CORPORAT	IONS
DOCUMENT # 1. Corporation Name	P98000039	347	
JGD INVESTMENT SE	RVICES, INC.		
Principal Place of Business	Mailir	ng Address	<u></u>
2510 BENTLEY DRIVE PALM HARBOR FL 34684		BENTLEY DRIVE I HARBOR FL 34684	
		,	
2. Principal Place of Business	. / 2a. M	lailing Address	,

Principal Place of Business Mailing Address						
2510 BENTLEY DRIVE 2510 BENTLEY DRIVE PALM HARBOR FL 34684 PALM HARBOR FL 34684		DO NOT WRITE IN THIS SPACE				
				Date incorporated or Qualified 04/30/1998		
2. Principal Place of Business	/ 2a. Mailing Address		,	4. FEI Number	L	Applied For
27 38579 US HWY	1 19 N 26 38579 US HW	Y /	G/N	59-3508694		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required
City & State 23 PALM HARBOR	FL 28 PALM HARBOR		FL	6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip Country 25 Country	2ip 34684 Cou	intry		This corporation owes the current year Intangible Personal Property.	Yes	⊠ No
	f Current Registered Agent			10. Name and Address of New Registere	d Agent	
_		81	Name			
BINDER, CATHERINE R 2576 SUNSET POINT		82	Street Addre	ss (P.O. Box Number is Not Acceptable)		- i
CLEARWATER FL 33765		83				
		84	City	F		Zip Code
office or registered agent, or both, in t	607.0502 and 607.1508, Florida Statutes, the ab the State of Florida. Such change was authorize the obligations of, section 607.0505, Florida Sta	d by	the corporation	ation submits this statement for the purpose of n's board of directors. I hereby accept the app	changing ointment	its registered as registered
SIGNATURE	(NOTE: Posiet	armed A	and signature requir	pad when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						

office or I	registered agent, or both, in the State of Florida. Such charm familiar with, and accept the obligations of, section 60	ange was auth	orized by the corpo	oration's board of directors. I hereby accept the appointment as registered			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	ong and a special spec		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D	DELETE	1.1 TITLE	Change Addition			
NAME	DELISA, JOHN		1.2 NAME				
STREET ADDRESS	2510 BENTLEY DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL 34684	į	1.4 CITY-\$T-ZIP				
TITLE		DELETE	2.1 TITLE	Change Addition			
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	•		2.4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE	Change Addition			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP	,		3.4 CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE	Change Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLÉ	Change Addition			
NAME		ĺ	5.2 NAME				
STREET ADDRESS		•	5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE	Change Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

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.

SIGNATURE:

CITY-ST-ZIP