**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE.

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000048597 1. Corporation Name

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

05-04-1999 90109 001 \*\*\*150.00

**=** 223

= = : = :

JII INTERNATIONAL, INC.		
rincipal Place of Business	Mailing Address	C ISTURGE ING ICIEL IBUN ERRIL GENU ERIN Breit seine seine seine seine genu inn inn inn inn
" YAMATO ROAD #3201 "- RATON FL 33491	301 YAMATO ROAD #3201 BOCA RATON FL 33431	DO NOT WRITE IN THIS SPACE
•		3. Date incorporated or Qualified 06/01/1998
Principal Place of Business	2a, Mailing Address	4. FEI Number: Applied For Not Applicable
Suite, Apt. #, etc. 3101	Suite, Apt. #, etc. 27 Suite 3101	5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip Country	Zip Country	8, This corporation owes the current year Intengible Personal Property Tax.
9. Name and Address of Curr		10. Name and Address of New Registered Agent
STOLTZ, MORRIS L II 301 YAMATO ROAD #3201 BOCA RATON FL 33431	81	Street Address (P.O. Box Number is Not Acceptable) 3101
	84	City FL 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	Signature, typed by printed name of registered agent and title if applicable.	(NOTE: Re	distance Agent signature r	equired when reinstating)		DATE			6
12.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	<i>O</i> = 0	ELETE	1.1 TITLE	Presider	H		Change	Addition	(11/98)
NAME	Mics		1.2 NAME	MORRIS	C. STO IT	211		-	CR2E034
STREET ADDRESS	MORRIS C. STOLT Z	1	1.3 STREET ADDRESS	201 Yam	ato Rd	#3101		(	ŭ
CITY-ST-ZIP			1.4 CITY-ST-ZIP	BOCA RO	aton, FI	<u>3343</u>	<u> </u>		12
TITLE	D	ELETE	2,1 TITLE				Change	☐ Addition	, 0
NAME			7.2 NAME		.•				l
STREET ADDRESS	ļ		2.3 STREET ADDRESS						i
CITY-ST-ZIP	}		2.4 CITY-ST-ZIP						1
TITLE		ELETE	3.1 TITLE				Change	Addition	ĺ
NAME			3.2 HAME		·				
STREET ADDRESS			3.3 STREET ADDRESS	•					1
CITY-ST-ZIP			3.4. CITY-ST-ZIP		<u> </u>				l
TITLE	00	ELETE	4.1 TITLE				Change	Addition	
NAME	•		4.2 NAME						l
STREET ADDRESS			4.3 STREET ADDRESS						l
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TILE	00	ELETE	5.1 TITLE				Change	☐ Addition	ļ
NAME	!		5.2 NAME					ļ	,
STREET ADDRESS	:[	1	5.3 STREET ADDRESS					-	i
CITY-ST-ZIP	•		5.4 CITY-ST-ZIP						
TITLE		ELETE	6.1 TITLE				☐ Change	☐ Addition	,
NAME			6.2 NAME					· [	ı
STREET ADDRESS			6.3 STREET ADDRESS					ļ	,
CITY-ST-ZIP			6.4 CITY-ST-ZIP						ı

14. I hereby certify that the information supplied with this filing does not quality fee the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informat indicated on this annual report or supplemental annual report is true and apoches and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to effect use 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 eddress, with all other like empowered.

HATTERE REQUIRED