

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90088 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	--

DOCUMENT # P98000052743

1. Corporation Name

JLIN CORPORATION

Principal Place of Business
520 CROWN OAK CENTRE DRIVE
LONGWOOD FL 32708

Mailing Address
520 CROWN OAK CENTRE DRIVE
LONGWOOD FL 32708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/10/1998	
21		26		4. FEI Number 59-3521506	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent

DICKS, J W
520 CROWN OAK CENTRE DRIVE
LONGWOOD FL 32708

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	JENNIFER DICKS
STREET ADDRESS		1.3 STREET ADDRESS	510 Spring Valley Rd
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Altamonte Sp., FL 32714
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Sec. / Treas. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	LINDA E. DICKS
STREET ADDRESS		2.3 STREET ADDRESS	510 Spring Valley Rd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Altamonte Sp., Fla. 32714
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V. President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	LINDSAY DICKS
STREET ADDRESS		3.3 STREET ADDRESS	510 Spring Valley Rd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Altamonte Sp., FL 32714
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

J. W. DICKS, DIRECTOR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

Date

4072313087

Office Phone #

CR2E034 (11/98)