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

1999

J.E.D. FUTURES, INC.

DOCUMENT #



P98000052837

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 21, 1999 8:00 am Secretary of State

07-21-1999 90011 043 ***550.00

Principal Place	of Business	Mailing Add	Mailing Address					
13001 BELL CF	REEK CHASE	13001 BELL	13001 BELL CREEK CHASE					
RIVERVIEW FL	33569	RIVERVIEW	RIVERVIEW FL 33569				DO NOT WEITE IN THE COLOR	
							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	\neg
							06/05/1998	
		a Mailian	N	·			4. FEI Number Applied Fo	
	ace of Business	<u> </u>	2a, Mailing Address				59 - 3519554 Not Applica	
21	u		26				\$8.75 Additiona	
Suite, Apt. i	F, etc.	<u></u>	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required	'.
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	一
	•	28	 γ				Trust Fund Contribution Added to Fees	1
Zip	Country	Zip		Cot	ıntry		8. This corporation owes the current year	
	25	29		30	,		Intangible Personal Property. Yes No	
24	9. Name and Address of Curre		ent	1301	Ι		10. Name and Address of New Registered Agent	
	5, Italia dia Addices of Garie	rogionoros rigi			81	Name		\neg
PER	FETTO, MARY ELLEN				Щ			
	D1 BELL CREEK CHASE		**		82	Street Add	dress (P.O. Box Number is Not Acceptable)	1
RIVE	ERVIEW FL 33569	•			83			
					-	ì		
					84	City	85 Zip Code	. 1
11. Pursuant	to the provisions of sections 607.050)2 and 607.1508, F e of Florida, Such (Florida Statute change was a	es, the at authorize	ove- d bv	named corporat	oration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	- 1
agent. l a	m familiar with, and accept the oblig	ations of, section	607.0505, Flo	orida Sta	tutes		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE		-						
	Signature, typed or printed name of registered age		(NC		A bene	jent signature req	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	,
12.		ND DIRECTORS	7.5.5.5	13.	TI E	- 		lition
TATLE	Detere						Change Add	luon
NAME	PERFETTO, MARY E 13001 BELL CREEK CHASE			1.2 N				1
STREET ADDRESS						ADDRESS		İ
CITY-ST-ZIP	RIVERVIEW FL 33569			_	ITY-ST	-ZIP		
TITLE	D DEDECTED DONAID I	Ĺ.	_i DELETE	2.1 TI			Change Add	lition
NAME				2.2 N			,	
STREET ADDRESS	13001 BELL CREEK CHASE		2.3 STREET ADDRESS					
CITY-\$T-ZIP	RIVERVIEW FL 33569		_	_	ITY-ST	-ZIP		
TITLE		L	DELETE	3.1 Ti			Change Add	lition
NAME				3.2 N				
STREET ADDRESS				3.3 ST	TRÉET	ADDRESS		
CITY-ST-ZIP				_	TY-ST	-ZIP		
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NAME				4.2 N	AME			
STREET ADDRESS				4.3 ST	TREET	ADDRESS		ł
CITY-ST-ZIP	11.0			4.4 C	ITY-ST	-ZIP		
TITLE			DELETE	5.1 TI	TLE		Change Add	iition
NAME				5.2 N	AME			}
STREET ADDRESS				5.3 \$7	TREET	ADDRESS		
CITY-ST-ZIP				5.4 C	ITY-ST	-ZIP		
TITLE			DELETE	6.1 TI	TLE		Change Ado	ition
NAME		_		6.2 N	AME		·	1
STREET ADDRESS				6.3 S	TREET	ADDRESS		}
CITY-\$T-ZIP				6.4 C	ITY-ST	-ZiP		
	ortify that the information supplied wit	h this filing does no	ot qualify for t				ction 119.07(3)(i). Florida Statutes, I further certify that the information	\neg 1

4. 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:

Doniel O DEX NEC.

1/11/89

813-661-0048