## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000056970**1. Corporation Name

JB TEK COMPUTER SYSTEMS. INC.

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90215 037 \*\*\*150.00

Principal Place	e of Business	Mailing Address				. 1000/1000; 110 (8100 )0111 00114 00131 00311	daidt åtrin brits intil	
1208 LAKE BLUE CIRCLE		1208 LAKE BLUE CIRCLE			•			
APOPKA FL 32703		APOPKA FL 32703				DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed		
						06/25/1998		
2. Principal P	Place of Business	2a. Mailing Address			• /	4. FEI Number	A	pplied For
21		26 P.O BO	χ /	57	6	593549349	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<b>7</b>			5. Certificate of Status Desired	\$8.75	Additional
22		27		,		s. Certificate of Status Desired	Fee R	equired
City & State	e	City & State	. /	-/^	RIDA	6. Election Campaign Financing	\$5.00	May Be
23		28 APOPLA	<u>'</u> _		ICI DH	Trust Fund Contribution		to Fees
Zip	Country	<sup>Zip</sup> 32703		U い S	Δ	8. This corporation owes the current ye	ar Intangible ☐ Yes	Mo
24	25		30	<u>, , , , , , , , , , , , , , , , , , , </u>	· • • • • • • • • • • • • • • • • • • •	Personal Property Tax.  10. Name and Address of New Register		DEINO
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Regist	erea Agent	
VALL	LEJO, JAVIER				Tano			
	B LAKE BLUE CIRCLE			82 Street Addr		ess (P.O. Box Number is Not Acceptable)		
_	PKA FL 32703			83	-			
7.11 0	110.12.02.00			••				
				84	City		FL 85 Zip	Code
44 Dumumt	to the provisions of Sections 607.06	02 and 607 1509 Florida Str	tutee the	ahove-r	named corn	oration submits this statement for the purpo	1 1	s registered
office or r	registered agent, or both, in the State	e of Florida. Such change wa	s authorize	ed by th	ne comoratio	on's board of directors. I hereby accept the	appointment as re	egistered
					,			
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Sta	atutes.				
agent. I a SIGNATURE		ations of, Section 607.0505,	Flonda Sta	atutes.				
SIGNATURE	Signature, typed or printed name of registered age	ations of, Section 607.0505, ant and title if applicable. (N	Flonda Sta	atutes. ed Agent si		d when reinstating) DA' ADDITIONS/CHANGES TO OFFICER	TE .	
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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.