## 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 # P98000069526 1. Corporation Name

JSC ENTERPRISES, INC.

Mailing Address

22050 SPRING MILL CT. ESTRO FL 33928

Principal Place of Business

22050 SPRING MILL CT. ESTRO FL 33928

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90043 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 7. Trust Fund Contribution 7. Trust Fund Contribution 7. Trust Fund Contribution 7. Trust Fund Contribution 8. This corporation owes the current year Intangit 7. Personal Property Tax. 9. Name and Address of Current Registered Agent 81 Name	Not . 8.75 Ac Fee Req	olied For Applicable
26 Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired   City & State  City & State  City & State  28 Country  Zip  Country  Zip  Country  Zip  Country  29 30 South Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  8. This corporation owes the current year Intangit Personal Property Tax.  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent	Not . 8.75 Ac Fee Req	Applicable
21	8.75 Ac Fee Req	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Status Desired  Trust Fund Contribution  Trust Fund Contribution  Status Desired  Trust Fund Contribution  For Country  Status Desired  Trust Fund Contribution  Trust Fund Contribution  Status Desired  Trust Fund Contribution  Trust Fund	Fee Req	dditional
22 City & State Trust Fund Contribution City Country Country State Country State Country State Country State City & State	<del></del>	
23 Trust Fund Contribution  Zip Country Zip Country  24 25 29 30 Personal Property Tax.  9. Name and Address of Current Registered Agent  81 Name	AC AA .	quired
28 Trust Fund Contribution  Zip Country Zip Country  24 25 29 30 Personal Property Tax.  9. Name and Address of Current Registered Agent  81 Name	\$5.UU N	Мау Ве
Zip Country Zip Country 8. This corporation owes the current year Intangit Personal Property Tax.  9. Name and Address of Current Registered Agent 81 Name	Added to	Fees
24 25 29 30 Personal Property Tax.  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name	ble	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name	Yes [	□No
81 Name	nt	
ACCUMENT DEPORTS OF		
CONNERY, JEFFREY S		
22050 SPRING MILL CT.  82 Street Address (P.O. Box Number is Not Acceptable)		
ESTRO FL 33928 83		
84 City 8	5 Zip Co	ode
FL   City		-
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 charges the appropriate appropri	nging its r	registered
office or registered agent, or both, in the State of Florida, Such change was authorized by the colporation's board of directors, i neterly accept the appointment	ent as regi	jistered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE (NOTE: Positional Appet signature required when reinstating)		
Signature, typed or printed name or registered agent and the it applicable.	IDECTOR	DC IN 12
	Change	Addition
ITILE D □ DELETE 1.1 TITLE □	Change	☐ Vagilloti
NAME CONNERY, JEFFREY S 12 NAME		
STREET ADDRESS 22050 SPRING MILL CT. 1.3 STREET ADDRESS		
CITY-ST-ZIP ESTRO FL 33928 1.4 CITY-ST-ZIP		
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The state of the s		
CITY-ST-ZIP 2.4 CITY-ST-ZIP	Change	Addition
TITLE DELETE 3.1 TITLE	I Change	∐ Audition
NAME 32 NAME		
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TITLE DELETE 45 TITLE	] Change	☐ Addition
NAME 4.2 NAME		
VIII.EL PARIETO		
CITY-ST-ZIP 44.CITY-ST-ZIP 44.CITY-ST-ZIP DELETE 5.1 TITLE	] Change	Addition
Three states of the state of th	,	
NAME 52 NAME		
STREET ADDRESS 5.3 STREET ADDRESS		
CITY-ST-ZIP 5.4 CITY-ST-ZIP		
	] Change	☐ Addition
TILE / DELETE 6.1 TILE		
THE COMMITTEE OF THE PROPERTY		
NAME 6.2 NAME		
NAME 62 NAME		

I nereby certify that the information supplied with this hing does not qualify for the examption stated in Section 15.07(5)(f), it who stated in the first 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 cympotation or the receiver of 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, of or an attachment with an address, with all other like empowered.

**SIGNATURE**: