

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



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000071750

Corporation Name

JAT, INC.

Principal Place of Business
404 OLD SAYBROOK AVENUE
TAMPA FL 33624

Mailing Address
6404 OLD SAYBROOK AVENUE
TAMPA FL 33624

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90003 014 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/14/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 593530297	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DRUMMOND, TEMPLE H
1505 NORTH FLORIDA AVE.
TAMPA FL 33602

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
E	D	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	KLINGMAN, PETER D		1.2 NAME				
EET ADDRESS	6404 OLD SAYBROOK AVENUE		1.3 STREET ADDRESS				
Y-ST-ZIP	TAMPA FL 33624		1.4 CITY-ST-ZIP				
E		<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			2.2 NAME				
EET ADDRESS			2.3 STREET ADDRESS				
Y-ST-ZIP			2.4 CITY-ST-ZIP				
E		<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			3.2 NAME				
EET ADDRESS			3.3 STREET ADDRESS				
Y-ST-ZIP			3.4 CITY-ST-ZIP				
E		<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			4.2 NAME				
EET ADDRESS			4.3 STREET ADDRESS				
Y-ST-ZIP			4.4 CITY-ST-ZIP				
E		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			5.2 NAME				
EET ADDRESS			5.3 STREET ADDRESS				
Y-ST-ZIP			5.4 CITY-ST-ZIP				
E		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			6.2 NAME				
EET ADDRESS			6.3 STREET ADDRESS				
Y-ST-ZIP			6.4 CITY-ST-ZIP				

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Kingman 7/7/99 (813) 986-1556

0128050

CR2E034 (5/99)