PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Aug 02, 1999 8:00 am Secretary of State 08-02-1999 90008 025 ***150.00

JAG FIN	NANCIAL, INC.					
-11 Pl	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Malling Addres	etropy (Sp.) Factor of the con-	· · · · · · · · · · · · · · · · · · ·		
Principal Place of Business Malling Address 12052 ROCKWELL WAY 12052 ROCKWELL WAY BOCA RATON FL 33428 BOCA RATON FL 33428					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 09/21/1998	
Principal Pl	Place of Business 2a. Mailing Address 26		iresa		4. FEI Number APPLO FOR Not	lled For Applicable
Suite, Apt. #, etc.		27			5. Certificate of Status Desired Secretary Sec	uired
City & State		City & State		-	6. Election Campaign Financing \$5.00 M Trust Fund Contribution Added to	
Cip	Country 25	29 Zip	30	ountry	This corporation owes the current year Intangible Personal Property. Name and Address of New Registered Agent	No
	9. Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New Registered Agent	
WEIN, JULIE 12052 ROCKWELL WAY BOCA RATON FL 33428						
				83 84 City	85 Zip Co	ode
· .	the state of southern 607.00	500 607 1500 Flor	ide State des the	1-4-7	FL T T	
		ste of Florida, Such cha ligations of, section 60:	ange was authoriz 7.0505, Florida St	ted by the corporati latutes.	ration submits this statement for the purpose of changing its regis on's board of directors. I hereby accept the appointment as regis	stered
NATURE	Signature, typed or printed name of registered a			stered Agent signsture req		- 3
	LA.	AND DIRECTORS	DELETE 1.1	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
	Ron Wein			NAME		_
TADORESS	12052 Rockwell	Way .		STREET ADORESS		13
T-ZIP	Bora Ration, FL	<u> </u>		CITY-ST-ZIP	Chance	Addition
	NP Sec. Julie Wein			NAME		_
TADDRESS	12092 ROCKWELL	way	2.3	STREET ADDRESS	<u>~</u>	
T-2IP	Boca Raton, EL	<u> </u>		CITY-ST-ZIP		7 .44%:
	(LJ	Jeel 1	TITLE	Change	Addition
T ADDRESS				STREET ADDRESS	Managangan Marian I again is a salah sa	
T-ZIP				CITY-ST-ZIP		
	,		DELETÉ 4.1	TITLE	Change L	Addition
				NAME		
TADORESS				STREET ADDRESS CITY-ST-ZIP		
T-ZIP				TITLE	Change	Addition
	*			NAME	-	
TADORESS			5.3	STREET ADDRESS		-
IT-ZIP	,			CITY-ST-ZIP		1 4 4 5 7 1
ļ			DELLIC	TITLE	Change L	Addition
				NAME STREET ADDRESS		
T ADORESS	1			CITY-ST-ZIP		1
indicated : an officer	on this annual report or supplement or director of the corporation or the	tar annual report is true receiver or trustee em	ualify for the exer and accurate an powered to execu	mption stated in sec	tion 119.07(3)(i), Florida Statutes. I further certify that the informa shall have the same legal effect as if made under oath; that I a quired by Chapter 607, Florida Statutes; and that my name app	
	2 or Block 13 if changed, or on an a	(Wixire	RECUID	ittlie We		14
GNAI	SIGNATURE AND TYPED			LATAR	Deta Cavtime Phone #	