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 # P98000075335

1. Corporation Name

007 JOHNTHOMAS, INC.

Prin	cipa	I P	lace	of	Business	
1991	NE	26	QTD	EE	т	

Mailing Address

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90190 025 ***158.75



1881 NE 26 STREET SUITE #218 WILTON MANORS FL 33305	1881 NE 26 STREET SUITE #218 WILTON MANORS FL 33305	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 00 (20 14000			
		5UITE 203	08/28/1998		-li-d For
2. Principal Place of Business SUITE ZO		4, FEI Number	<u> </u>	plied For	
21 2263 Bora Raton Bluck	26 2263 Boca Rate	an Bluci	65-0860Z96		t Applicable
Suite, Apt. #, etc. 22 Baca Paton	Suite, Apt. #, etc 27 Boca Rator	`	5. Certifcate of Status Desired	\$8.75 A	
City & State 23 Flood A	City & State 28 Florica		Election Campaign Financing Trust Fund Contribution	□ \$5.00 Added t	
Zip Country 24 33431-7402[25]	Zip 29 334 31 740Z 3	Country	This corporation owes the currer Personal Property Tax.	Yes	⊠No
9. Name and Address of Currer			10. Name and Address of New Re	gistered Agent	i
HUFF, JOHN			ohn Huff Iress (P.O. Box Number is Not Acceptate	ole)	
1881 NE 26 STREET		Z	263 Born Ration 3	ud. Suite .	203
SUITE #218		83 P	 !		}
WILTON MANORS FL 33305		84 City By	ra Rajon	FL 85 Zip C	421
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the objects	2 and 607 1508, Florida Statutes of Florida Such change was aut	, the above-named corporation of the corporation of	poration submits this statement for the p ion's board of directors. I hereby accept	urpose of changing its the appointment as re-	registered gistered
	iou	where le	CISTRED AWERT UP.	4-77 99	ļ
SIGNATURE Signature, typed or printed name of registery age	it and title if applicable. (NOTE: R	egistered Agent signature requir	red when reinstating)	DATE	
12. OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
TITLE PD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME UNDERWOOD, THOMAS		1.2 NAME			
STREET ADDRESS 1881 NE 26 STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP WILTON MANORS FL 33305		1.4 CITY-ST-ZIP			
TITLE VPD	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME HUFF, JOHN		2.2 NAME			
STREET ADDRESS - 1881-NE-26 STREET		2.3 STREET ADDRESS		* * e'	2.2. 0.
CITY-ST-ZIP WILTON MANORS FL 33305		2.4 CITY-ST-ZIP			
TITLE .	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4, CITY-ST-ZIP			□ Addition
TITLE	☐ DELETE	4.1 TITLE		Change	Addition
NAME		4, 2 NAME	•		}
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP .		4.4 CITY-ST-ZIP			Addition
TITLE	☐ DELETÉ	5.1 TITLE		☐ Change	Addition
NAME .		5.2 NAME	•		
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP		- Character	☐ Addition
TILE	□ DELETE	6.1 TITLE		☐ Change	Addition
NAME .		6.2 NAME		•	
STREET ADDRESS .		6.3 STREET ADDRESS	•		ļ
CITY ST 7/D		6.4 CITY-ST-ZIP	•		-

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 changes or on an attachment with an address, with all other like empowered.

THOMAS UNDERWOOD