-PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000077410

J. L. M. DEVELOPMENT CORPORATION

FILED May 27, 1999 8:00 am Secretary of State

05-27-1999 90011 047 ***550.00



i iiricipai i iace	e of Business	Mailing Address			I		
2623 HERON LA	ANDING CT	2623 HERON LANDING CT					
ORLANDO FL 32837		ORLANDO FL 32837	ORLANDO FL 32837		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	IN THIS STAGE	
					09/01/1998		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	· I	Applied For
– '	acc of Basiness	26			59-3533669		Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				_ \$8.7	5 Additional
22		·	27		5. Certifcate of Status Desired		e Required
City & State	9	City & State			6. Election Campaign Financing	\$5	00 May Be
23	•	28			Trust Fund Contribution	1	led to Fees
Zip	Country	Zip	Country		8. This corporation owes the current	t year Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
F-7-1		f Current Registered Agent	<u> </u>		10. Name and Address of New Reg	jistered Agent	
			81	Name			
CAVALCANTI, JOSE REGINALDO 2623 HERON LANDING CT		_DO	-	04	(D.O. Day Number in Not Acceptable	<u> </u>	
			82	Street Addi	Street Address (P.O. Box Number is Not Acceptable)		
ORL	ANDO FL 32837		83				
			84	City		FL 85	Zip Code
dd Disament	to the provinces of Continna	607 0502 and 607 1508 Florida Statute	e the above	e-named corr	poration submits this statement for the pu	roose of changin	its registered
office or re	egistered agent or hoth in th	he State of Florida. Such change was au	thorized by	the corporation	on's board of directors. I hereby accept the	he appointment a	s registered
agent. I ai	m familiar with, and accept th	ne obligations of, Section 607.0505, Flori	da Statutes	S.			
agent. I a		<u></u>	da Statutes	š. 		DATE	
agent. I a	Signature, typed or printed name of reg	pistered agent and title if applicable. (NOTE:	da Statutes Registered Ager	š. 	od when reinstating)	DATE	CTORS IN 12
agent. I at SIGNATURE	Signature, typed or printed name of reg	pistered agent and title if applicable. (NOTE: CERS AND DIRECTORS	Registered Ager	š. 		CERS AND DIRE	
agent. I all SIGNATURE 12.	Signature, typed or printed name of reg OFFIC	istered agent and title if applicable. (NOTE: CERS AND DIRECTORS	Registered Ager	š. 	od when reinstating)		
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agent. I all SIGNATURE 12.	Signature, typed or printed name of reg OFFIC PTD CAVALCANTI, JOSE RE 2623 HERON LANDING	DISTRICT OF THE PROPERTY OF T	Registered Ager 13. 1.1 TiTLE 1.2 NAME 1.3 STREE	nt signature require	od when reinstating)	CERS AND DIRE	
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indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a 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.

SIGNATURE: