


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90177 044 ***150.00

013955/

| | | |
|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

DOCUMENT # P98000080375

1. Corporation Name
JAS-LEM, INC.

| | |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business 4800 HILLCREST LANE, BLDG. 15, APT. 412 HOLLYWOOD FL 33021 | Mailing Address 4800 HILLCREST LANE, BLDG. 15, APT. 412 HOLLYWOOD FL 33021 |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/14/1998

| | |
|-----------------------------------------------------------|------------------------------------------------|
| 2. Principal Place of Business 21 4634 SW 12 CT | 2a. Mailing Address 26 4634 SW 12 CT |
|-----------------------------------------------------------|------------------------------------------------|

| | |
|-------------------------------------|--------------------------------------------------------|
| 4. FEI Number 65-0866123. | Applied For <input type="checkbox"/> Not Applicable |
|-------------------------------------|--------------------------------------------------------|

| | |
|------------------------|------------------------|
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
|------------------------|------------------------|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

| | |
|--------------------------------------------|-------------------------------------------|
| 23 City & State Dearfield Beach. | 28 City & State Dearfield Beach |
|--------------------------------------------|-------------------------------------------|

6. Election Campaign Financing - Trust Fund Contribution **-\$5.00** May Be Added to Fees

| | | | |
|------------------------|---------------------------|------------------------|---------------------------|
| 24 Zip 33442 | 25 Country USA. | 29 Zip 33442 | 30 Country USA. |
|------------------------|---------------------------|------------------------|---------------------------|

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

LEMIEUX, JASMIN
 4800 HILLCREST LANE, BLDG. 15, APT. 412
 HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEMIEUX, JASMIN | 1.2 NAME | |
| STREET ADDRESS | 4800 HILLCREST LANE, BLDG. 15, APT. 412 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 of 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20-99

Date

Daytime Phone #

CRZE034 (1/198)