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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # P98000080998 1. Corporation Name

JAJ+T HOLDING CORP.

Principal	Place	of	Business
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Mailing Address

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90195 029 \*\*\*150.00



1290 E OAKLAND PAR		1290 E OAKLAND PARK. SUITE 200 FT LAUDERDALE FL 33334			ļ							
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					;	3. Date Inco		or Qualifed			<del></del>	
2. Principal Place of	Business	2a. Mailing Address				4. FEI Num		<del></del>		A	pplied For	
21 775 NW		26 775 NW 49	9 H	Jenue	e	65-6	7897	808		N-	ot Applicable	]
Suite, Apt. #, etc.	-	Suite, Apt. #, etc.				5. Certifcate	of Status	Desired			Additional equired	
City & State  23 (OCONUT	Grek	28 Coconut C	reel	ζ.		6. Election Trust Fur	Campaign nd Contrib				May Be to Fees	
Zip 24 33063	Country	Zip 29 3 306 3 30	Counti	, SA	-	<ol><li>This corp Personal</li></ol>	oration ov Property		ent year Inta	angible Yes	<b>₽</b> 1√0	
9. 1	lame and Address of Current	Registered Agent			1	0. Name ar	nd Addres	s of New R	legistered .	Agent		4
			8	1 Name								
LUKEN, TH			8	2 Street	Address	(P.O. Box N	lumber is	Not Accepta	ible)			1
	KLAND PARK, SUITE 200			0		(* 101						}
FT LAUDE	RDALE FL 33334		8	3								
•	•		8	4 City					FL	85 Zip	Code	1
office or registers agent. I am famil	ed agent, or both, in the State o lar with, and accept the obligati	and 607.1508, Florida Statutes f Florida. Such change was aut ons of, Section 607.0505, Florid	norized b la Statute	y the corpo	oration's	board of dir	this stater ectors. I h	nent for the ereby accer	и ше арроп	changing its	s registered egistered	
Signature	, typed or printed name of registered agent			ent signature r	required whe		101011411		DATE	D DIDECT	OFIC IN 42	1
12.	OFFICERS AND		13.		Τ	ADDITION	IS/CHANG	ES TO OF	FICERS AN	□ Ghange	Addition	-
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: