
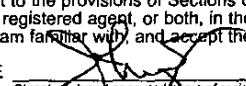


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03-25-1999 90036 001 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P98000081378</b>			
1. Corporation Name <b>J.G. SOYKA INC.</b>			
Principal Place of Business <del>11303 DAREWOOD PLACE</del> <del>TAMPA FL 33624</del>		Mailing Address <del>11303 DAREWOOD PLACE</del> <del>TAMPA FL 33624</del>	
2. Principal Place of Business 21 <b>1500 Bay Road</b> Suite, Apt. #, etc. 22 <b>#437</b> City & State 23 <b>Miami Bch, FL</b> Zip Country 24 <b>33139</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>1500 Bay Road</b> Suite, Apt. #, etc. 27 <b>#437</b> City & State 28 <b>Miami Bch, FL</b> Zip Country 29 <b>33139</b> 30 <b>USA</b>	
3. Date Incorporated or Qualified <b>09/15/1998</b>			
4. FEI Number <b>59-3409085</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>SOYKA, JOHN</b> <del>11303 DAREWOOD PLACE</del> <del>TAMPA FL 33624</del>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>1500 Bay Road, #437</b> 83 84 City <b>Miami Bch</b> <b>FL</b> 85 Zip Code <b>33139</b>	
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  <b>John Soyka</b> <b>President</b> <b>3/22/99</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME <b>SOYKA, JOHN</b> STREET ADDRESS <b>11303 DAREWOOD PLACE</b> CITY-ST-ZIP <b>TAMPA FL 33624</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>1500 Bay Road, #437</b> 1.4 CITY-ST-ZIP <b>Miami Bch, FL 33139</b> 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 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

Date

Daytime Phone #

CR2E034 (11/98)

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