PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STA

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000083291

1. Corporation Name

JJL INV	esimenis, inc.				•					
Principal Place of Business Malling Address 71 EAST CHURCH STREET 71 EAST CHURCH STREET ORLANDO FL 32801 ORLANDO FL 32801) torna linea stara	19091 (186) 199)	
						DO NOT WRITE IN THIS SPACE				
		,				 Date incorporated or Qualified 09/24/1998 				
2. Principal Place of Business 2a. Mailing Address 21			988			4 FEI Number 59 - 301793		1	optied For	
	Suite, Apt. #, etc. Suite, Apl. #, etc.					5. Certificate of Status Desired		\$8.75 / Fee Re		
City & Sta		City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be		
Zip 24	Country 25	21p	Zip Country			This corporation owes the cur Personal Property Tax.				
24	9. Name and Address of Curre			7		10. Name and Address of New I	Registered	Agent		
	5. Name and Addition V. Colle	THE REGISTERS PRODUCT		81	Name					
Pratt, James R 369 N. New York Avenue				82	Street Addre	dress (P.O. Box Number is Not Acceptable)				
	FLOOR			B3						
WIN	TÉR PARK FL 32789			84	City		FL	85 Zip C	Code	
agent. I a	To the provisions of Sections our, segistered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed ranks of regulared agents.	pations of, Section 607.0	505, Flor da Stati	utes.			DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A			
TITLE	0	☐ DE	LETE 1.1 TI	TLE				Change	Addition	
NAME	JUNE, ROHLAND A II		12 N	AME	}					
STREET AL DRESS			1.3 \$1	TREET AC	ODRESS					
CITY-ST-Z:P	ORLANDO FL 32801			TY-\$1-2	DP .				Addition	
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NAME	JUNE, JAMIE L		22 N							
STREET ADDRESS			• • •	RETAL	1	-				
CITY-ST-ZIP	ORLANDO FL 32801			πγ∙sτ-	ZIP	. <u></u>		Change	☐ Add tion	
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NAME				REET AL	YORESS .					
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14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under each; 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.

6 3 STREET ADDRESS 6.4 CITY+ST-ZIP

NAME

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90169 021 ***150.00