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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000083674

1. Corporation Name JIGAWATT TECHNICAL SERVICES, INC.

Principal Place of Business 1028 DOUGLAS AVE ALTAMONTE SPRINGS FL 32714

Mailing Address 1028 DOUGLAS AVE ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/28/1998

4. FEI Number 59-3535323 Applied For Not Applicable

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

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

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

2. Principal Place of Business 21 511 TEAKWOOD DR Suite, Apt. #, etc. 22

2a. Mailing Address 26 511 TEAKWOOD DR Suite, Apt. #, etc. 27

23 City & State ALT. SPRINGS FL

28 City & State ALT. SPRINGS

24 Zip 32714 25 Country USA

29 Zip 32714 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAVINO, MIKE 1028 DOUGLAS AVE ALTAMONTE SPRINGS FL 32714

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

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] (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 rows for Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP, with a 'DELETE' checkbox.

Table with 13 rows for Additions/Changes to Officers and Directors in 12. Each row includes Title, Name, Street Address, and City-ST-ZIP, with 'Change' and 'Addition' checkboxes.

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

99 APR 09 Date

407-925-1043 Daytime Phone #

CR2E034 (11/98)