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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000083835

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90015 017 ***150.00

| | on Name | | | | | | | | | |
|--|---|---|----------------------------|---------------------|--|--|--|--|---|--|
| JJ'S EN | NTERPRIS | es, inc. of lo) | KAHATCHEE | | | | | | a. a.u. >64) | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | | |
| 14555 SOUTHERN BLVD. 14555 SOUTHERN BLVD. | | | | | | | | | | |
| LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 | | | | | U | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | | | | 09/28/1998 | | |
| 2. Principal I | Place of Busin | ness | 2a. Maili | 2a. Mailing Address | | | | 4 EELAhimber | ed For | |
| | | | 26 | 26 | | | | | pplicable | |
| Suite, Apt | . #, etc. | | Suite | e, Apt. #, etc. | | | | 5. Certificate of Status Desired 5. Certificate of Status Desired | | |
| 22 | | | 27 | | | | | Fee Requi | | |
| City & Sta | ate | | — i | & State | | | | 6. Election Campaign Financing \$5.00 Ma | | |
| 23 | | | 28 | | | | | Trust Fund Contribution Added to F | -ees | |
| Zip | | Country | Zip | | Cou | nuy | | 8. This corporation owes the current year Intangible Personal Property Tax |]No | |
| 24 | 0 N | 25 | 29 | A | 30 | | | Personal Property Tax. Layes Layes 10. Name and Address of New Registered Agent | | |
| | 9. Name | and Address of Cur | rent Kegistered | Agent | | 81 | Name | 10. Haine and Address of Hair Registeres Agent | | |
| FRO | OST, RONAL | LD W P.A. | | | | 82 | | | | |
| | 4 FLORAL | | | | | | Street Add | ess (P.O. Box Number is Not Acceptable) | | |
| LANTANA FL 33462 | | | | 83 | | | | | | |
| | | | | | | | | | | |
| | | | | | | 84 | City | FL 85 Zip Cod | de | |
| 11 Dureuan | t to the provis | ions of Sections 607 (| 0502 and 607 15 | 08 Florida Sta | tutes the a | bove- | named cor | enocation submits this statement for the purpose of changing its rec | gistered | |
| office or | registered as | ent, or both, in the Sta ith, and accept the obl | ate of Florida, Su | ich change wa | s authorized | ı bv II | he corporat | tion's board of directors. I hereby accept the appointment as regist | tered | |
| agent. I | am ramıllar w | ka, aao accentine ooi | | | | utor | | | | |
| _ | | , , | ilgations of, occu | ion 607.0505, | Florida Stati | utes. | | | | |
| SIGNATURE | • | or printed name of registered | | | Florida Stati | utes. | | ired when reinstating) DATE | · | |
| _ | • | or printed name of registered | | able. (N | Florida Stati | utes. | | ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | S IN 12 | |
| SIGNATURE | • | or printed name of registered | agent and title if applica | able. (N | PIONIDA STATI | Agent | | ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | , | |
| SIGNATURE | Signature, typed | or printed name of registered | agent and title if applica | able. (N | aTE: Registered | Agent | | ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | S IN 12 | |
| SIGNATURE 12. TITLE | Signature, typed D BOWMAN | or printed name of registered OFFICERS | agent and title if applica | able. (N | aTE Registered 13. 1.1 TI 1.2 NA | Agent | | ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | S IN 12 | |
| SIGNATURE 12. TITLE NAME | Signature, typed BOWMAN 17244 42 | or printed name of registered OFFICERS | agent and title if applica | able. (b) RS DELETE | 2TE Registered 13. 1.1 TI 1.2 NA 1.3 ST | Agent | signature requii | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | S IN 12 | |
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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 tope 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 chall got or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR