

FILE NOW: FILING FEE AFTER MAY 1ST IS \$350.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # P98000088018

1. Corporation Name
JAG DAMBA, INC.

Principal Place of Business
11531-14 SAN JOSE BLVD.
JACKSONVILLE FL 32223

Mailing Address
11531-14 SAN JOSE BLVD.
JACKSONVILLE FL 32223

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90095 033 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/14/1998	
21		26		4. FEI Number 59-3537910	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation owes the current year Intangible <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		8. Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PATEL, RAKESH V 3200 HARTLEY RD., #272 JACKSONVILLE FL 32257				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 <u>Rakesh V. Patel</u> DATE <u>1/28/99</u>					
(NOTE: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
NAME <u>RAKESH V. PATEL</u>					
STREET ADDRESS <u>3200 Hartley Rd. #272</u>					
CITY-ST-ZIP <u>Jacksonville FL 32257</u>					
1.2 TITLE <input type="checkbox"/> DELETE					
NAME <u>MONA PATEL</u>					
STREET ADDRESS <u>3200 Hartley Rd. #272</u>					
CITY-ST-ZIP <u>Jacksonville, FL 32257</u>					
1.3 TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.4 TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.5 TITLE <input type="checkbox"/> DELETE					
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1.14 TITLE <input type="checkbox"/> DELETE					
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1.15 TITLE <input type="checkbox"/> DELETE					
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1.18 TITLE <input type="checkbox"/> DELETE					
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1.19 TITLE <input type="checkbox"/> DELETE					
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STREET ADDRESS					
CITY-ST-ZIP					
1.20 TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
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

1/28/99
3/23/99

(904) 268-6484
Daytime Phone #

CR2E034 (1/98)