

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90145 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000107259

1. Corporation Name
JETT SEGAL ROWE DESIGN, INC.

Principal Place of Business 2918 CULLEN LAKE SHORE DR ORLANDO FL 32812	Mailing Address 2918 CULLEN LAKE SHORE DR ORLANDO FL 32812
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1303 W. Fairbanks	22 Ste B	26 P.O. Box 2015	27	12/24/1998	
23 Winter Park, FL		28 Winter Park, FL		4. FEI Number	
24 32789	25	29 32790	30	59-3540492	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
ROWE, JETT S 2918 CULLEN LAKE SHORE DR ORLANDO FL 32812		81 Name Jett Segal Rowe			
		82 Street Address (P.O. Box Number is Not Acceptable) 1303 W. Fairbanks, Ste B			
		83			
		84 City Winter Park FL			
		85 Zip Code 32789			

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 *J. Rowe* DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROWE, JETT S	
STREET ADDRESS	2918 CULLEN LAKE SHORE DR	
CITY-ST-ZIP	ORLANDO FL 32812	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	1303 W. Fairbanks, Ste B	
1.3 STREET ADDRESS	Winter Park, FL 32789	
1.4 CITY-ST-ZIP		
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: *J. Rowe* DATE: 4-27-99 DAYTIME PHONE: 407-701-6744

CR2E034 (1/98)