SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 28 PM 1:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S36956** **(8)**

1. Corporation Name
JTT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3251 PROGRESS DR SUITE B ORLANDO FL 32826	3251 PROGRESS DR SUITE B ORLANDO FL 32826

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3056206	☐ Applied For ☐ Not Applicable
21 12349 Science Drive	26 12349 Science Drive		
Suite, Apt. #, etc 22 Ste. 160	Suite, Apt. #, etc 27 Ste. 160	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
City & State 23 Orlando, FL	City & State 28 Orlando, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 32826 / 25 U.S.A.	Zip / Country 29 32826 / 30 U.S.A.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAI, WEN S. 927 N PENNSYLVANIA AVE WINTER PARK FL 32789	81 Name: Craig E. Nickerson 82 Street Address (P.O. Box Number is Not Acceptable) 83 11502 Bacon St. 84 City: Orlando FL 85 Zip Code: 32826

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: Craig E. Nickerson (Signature, typed or printed name of registered agent and title if applicable) Craig E. Nickerson Secretary (Registered Agent signature required when reinstated) DATE: 7-24-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	DP ☑ Change ☐ Addition
NAME	LIN, J.T.	12 NAME	Robert Qualls
STREET ADDRESS	3403 TECHNOLOGICAL AVE. SUITE 12	13 STREET ADDRESS	12349 Science Dr.
CITY ST ZIP	ORLANDO FL 32817	14 CITY ST ZIP	Orlando FL 32826
TITLE		21 TITLE	ST ☐ Change ☑ Addition
NAME		22 NAME	Craig E. Nickerson
STREET ADDRESS		23 STREET ADDRESS	11502 Bacon St
CITY ST ZIP		24 CITY ST ZIP	Orlando, FL 32817
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Craig E. Nickerson Craig E. Nickerson 7-24-95 407-382-2702
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0135334 FP