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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S57742

(6)

JAT INVESTMENTS, INC.

Principal Place of Business

Mailing Address

3911 SAN PEDRO STREET TAMPA FL 33629 3911 SAN PEDRO STREET

FILED Mar 26 1998 8:00am Secretary of State



TAMPA FL 336	529	TAMPA FL 33629		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified			
		·			06/05/1991			
	2. Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For	
21 5003 N. 40th Street 26 5003 N. 40th S			h Stre	Street 59-3071374			Vot Applicable	
Suite, Apt. #, etc. Suite. Apt. #, etc. Suite 101 27 Suite 1					5. Certificate of Status Desired		Additional Required	
City & State City & State					6. Election Campaign Financing	\$5.0	D May Be	
		28 Támpa, FL	L		Trust Fund Contribution	Adde	d to Fees	
Zip 33610	0-523 7 Country Hillsbor	$\frac{1}{29}33610-5237 \frac{1}{30}$	Country Hill	sbor	B. This corporation owes or has paid to Personal Property Tax due June 30.	·	ntangible	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
BROWNRIGG, JAMES				81 Name				
3911 SAN PÉDRO STREET TAMPA FL 33629			82 9	82 Street Address (P.O. Box Number is Not Acceptable)				
				7,000,7,000	to (i.e., box its more to the thoopiasie)			
			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								
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								
				gnature require	ed when reinstating) C ADDITIONS/CHANGES TO OFFICER	DATE	NDC IN 10	
12.	P OFFICERS AND	DELETE	13.	s		Change		
NAME	BROWNRIGG, JAMES		1.2 NAME		Brownrigg, Joanne			
			1.3 STREET ADI		5003 N. 40th Street	. Suite	101	
CITY-ST-ZIP	TAMPA FL		1.4 CITY - ST - 2		Tampa, FL 33610-52			
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition	
NAME	DURKIN, WILLIAM H. 221		2.2 NAME					
STREET ADDRESS				DRESS				
CITY-ST-ZIP			2.4 CITY-ST-2	ZIP			-1	
TITLE	<u> </u>		3.1 TITLE			L Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADD					
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-Z	IP		Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADD	DRESS				
CITY-ST-ZIP			4.4 City-\$t-Z					
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADI	DRESS				
CITY-ST-ZIP			5.4 CITY - ST - Z	IP .				
TITLE		☐ DEL€TE	6.1 TATLE			Change	Addition	
NAME			6.2 NAME				ļ	
STREET ADDRESS			6.3 STREET ADI	i				
CITY-ST-ZIP	setifu that the information encotion with	this films does not qualify for t	6.4 CITY-ST-Z		Section 119 07(3)(i) Florida Statutes I furt	her certify that the	e information	

indicated on this annual report or supplemental armual report is frue 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, of on an attachment with an address.

SIGNATURE

JAMES BROWNRIGG

MARCH 17, 1998