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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S81126 1. Corporation Name

JAMBO SYSTEMS, INC.

Oringinal Place of Business

Mailing Address

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90018 012 ***150.00



Fillicipal Flace	O Dusiness	Manning / Nochood					
424 S. WASHINGTON BLVD. SARASOTA FL 34236		5710 W. CORTEZ RD. Bradenton Fl. 34210		DO NOT WIRITE IN TH	IS SPACE		
					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 09/12/1991		
2 Principal Pla	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For
⊢ _ ′		26		65-0288926	Not	Applicable	
21		Suite, Apt. #, etc.		00 0200320	\$8.75 A		
Suite, Apt. #, etc.			27		5. Certifcate of Status Desired	Fee Red	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Bo
City & State			28		Trust Fund Contribution	Added to	
23 Zip	Country	Zip	Count	rv	This corporation owes the current year		
24	25	29	30	•	Personal Property Tax.		□No
	9. Name and Address of Cu		T		10. Name and Address of New Registers	d Agent	
			8	1 Nam			
EASC	on, steve		L				
	W. CORTEZ BLVD.		8	2 Stree	et Address (P.O. Box Number is Not Acceptable)		
BRAI	DENTON FL 34210		8	3			\$13. THE
			1	4 City		85 Zip C	
	A- Alic simulations of Contions 607	0502 and 607 1508 Florida Statut	es the aho	ve-name	ed corporation submits this statement for the purpose	of changing its	registered
4.4 Discourant 4	egistered agent, or both, in the S	State of Florida. Such change was a	uthorized b	v the co	od corporation submits this statement for the purpose rporation's board of directors. I hereby accept the approximation is a second control of the corporation of the corporation is a second control of the corporation of th	pointment as reg	istered
11. Pursuant to office or reagent. I ar	m familiar with, and accept the o	bligations of, Section 607.0505, Flo	rida Statute	s.			
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registere	ad agent and title if applicable. (NOTE	: Registered Aç		e required when reinstating) ; ; ; ; DATE		
SIGNATURE	Signature, typed or printed name of registere OFFICER:	od agent and title if applicable. (NOTE S AND DIRECTORS	: Registered Aç	ent signatu	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
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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 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

6.4 CITY-ST-ZIP