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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90184 038 \*\*\*150.00

: 1881: Birland Britis (1986) 1884: 1884: 1884: Birland Britis (1884) 1884: 1884: 1884: 1884: 1884: 1884: 1884

## **DOCUMENT # V56986**

1. Corporat on Name J.I.S.I., INC.

| Principal Place                                  | e of Business                    |  | Mailing Address            |                  |       |                    |                      | •••                        |                         |                                       |                 |  |
|--|----------------------------------|--|----------------------------|------------------|-------|--------------------|----------------------|----------------------------|-------------------------|---------------------------------------|-----------------|--|
| 1223 MARCHECK STREET 1223 MARCHECK STREET        |                                  |  |                            |                  |       |                    |                      |                            |                         |                                       |                 |  |
| JACKSONVILLE FL 32211 JACKSONVILLE FL 32211      |                                  |  |                            |                  |       |                    |                      | DO NOT WRITE IN THIS SPACE |                         |                                       |                 |  |
|  |                                  |  |                            |                  |       |                    | 3. Date In           | corporated or Qualif       |                         |                                       |                 |  |
|  |                                  |  |                            |                  |       |                    | 08/06                | •                          |                         |                                       |                 |  |
| 2. Principal P                                   | lace of Business                 |  | 2a. Mailing Address        |                  |       |                    | 4. FEI Nur           |                            |                         | Α                                     | ppl ed For      |  |
| 21   |                                  |  | 26                         |                  |       |                    | 59-31                | 43750                      |                         | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | lot Applicable  |  |
| Suite, Apt. #, etc.                              |                                  |  | Suite, Apt. #, etc.        |                  |       |                    | -F:-Canifor          | te of Status Desired       |                         | \$8.75                                | Acditional _    |  |
| 22   |                                  |  | 27                         |                  |       |                    | 5. Certifica         | Le or Status Desired       | <u>.</u> .              | Fee F                                 | Required        |  |
| City & State                                     |                                  |  | City & State               |                  |       |                    | 6. Election          | Campaign Financir          | <sup>ig</sup> $\square$ |                                       | <b>)</b> May Be |  |
| 23   |                                  |  | 28                         |                  |       |                    | Trust Fi             | ind Contribution           |                         | Added                                 | to Fees         |  |
| Zip  | Count                            | y  | Zip                        | Cou              | intry |                    | I                    | poration owes the o        | urrent year In          | _                                     | Mo              |  |
| 24   | 25 29                            |  | 30                         | <b>.</b>         |       |                    | Il Property Tax.     |                            | ∐ Yes                   | NAMO.                                 |                 |  |
|  | 9. Name and Addr                 | ess of Current                           | Registered Agent           |                  | 81    | Name               | 10. Name i           | ınd Address of Ne          | w Registered            | Agent                                 |                 |  |
| COL  | D KATHLEEN HOLD                  | RUUK                                     |                            |                  | 0'    | Name               |                      |                            |                         |                                       |                 |  |
| CCLD, KATHLEEN HOLBROOK<br>ONE INDEPENDENT DRIVE |                                  |  |                            |                  | 82    | Street Ad          | Iress (P.O. Box      | Number is Not Acce         | ptable)                 |                                       |                 |  |
| 2301 INDEPENDENT SQ.                             |                                  |  |                            |                  | 83    | -                  |                      |                            |                         |                                       |                 |  |
| JACKSONVILLE FL 32202                            |                                  |  |                            |                  | 03    |                    |                      |                            |                         |                                       |                 |  |
| 07.5   | NOOTHILLE I'L OLLO               | • ,                                      |                            |                  | 84    | City               |                      |                            | FI.                     | 85 Zip                                | Ccde            |  |
|  |                                  |  | and 607.1508, Florida Sta  | the e            | h a   | named say          | poration submit      | this statement for t       |                         | -                                     | s registered    |  |
| i office.o∵r                                     | registered agent, or bot:        | n in the State of                        | Florida, Such change was   | s authorized     | bγ    | the corpora        | ion's board of d     | rectors. I hereby ac       | cept the appo           | intment as r                          | egistered       |  |
| agent. I a                                       | m familiar with, and ac          | ept the obligation                       | ns of, Section 607.0505, I | Flcrida Stati    | utes  |                    |                      |                            |                         |                                       |                 |  |
| SIGNATURE  |                                  |  |                            | 6 <del>7</del> 7 |       | -1 -it             | ed when reinstating) |                            | DATE                    |                                       | <del></del>     |  |
| 12.  | Signature, typed or printed nan- | e of registered agent of<br>OFFICERS AND | <u></u>                    | 13.              | Ager  | it signature requi |                      | NS/CHANGES TO              |                         | ND DIRECT                             | ORS IN 12       |  |
| TITLE -  | <u> </u>                         | DE LICENS AND                            | DELETE                     | 1.1 TI           | TLE   |                    | 7.0001710            | 10,0,0,0,0                 | -                       | Change                                |                 |  |
| NAME   | HERNANDEZ, JES                   | SIE                                      |                            | 1.2 N/           |       | 1                  |                      |                            |                         |                                       |                 |  |
| STREET ADDRESS                                   | 1000 111000500                   |  |                            |                  |       | TADDRESS           |                      |                            |                         |                                       |                 |  |
| CITY-ST-ZIP                                      | JACKSONVILLE FL                  |  |                            |                  |       | T-ZIP              |                      |                            |                         |                                       |                 |  |
| TITLE  | D                                |  | ☐ DELETE                   | 2.1 TI           |       | ,                  |                      |                            |                         | Change                                | Addition        |  |
| NAME   | HERNANDEZ, ROL                   | AND                                      | <del></del>                | 2.2 N            |       |                    |                      |                            |                         |                                       |                 |  |
| STREET ADORES S                                  |                                  |  |                            | 2.3 ST           | TREE  | TADDRESS           |                      |                            |                         |                                       |                 |  |
| CITY-ST-ZIP                                      | JACKSONVILLE FL                  |  |                            |                  | _     | ST-ZIP             |                      |                            | -                       |                                       |                 |  |
| TITLE  | UNIONO UNIVERZE TE               | <u>'</u>                                 | ☐ DELETE                   | 3.1 TI           |       |                    |                      |                            |                         | Change                                | Addition        |  |
| NAME   |                                  |  |                            | 3.2 N/           | AME   |                    |                      |                            |                         |                                       |                 |  |
| STREET ADDRESS                                   |                                  |  |                            | 3.3 S            | TREE  | T ADORESS          |                      |                            |                         |                                       |                 |  |
| CITY-ST-ZIP                                      |                                  |  |                            | 3.4. C           | ITY-9 | ST-ZIP             |                      |                            |                         |                                       |                 |  |
| TITLE  | <del> </del>                     |  | ☐ DELETE                   | 4.1 TI           |       |                    |                      |                            |                         | Change                                | Addition        |  |
| NAME   |                                  |  |                            | 4. 2 N           | IAME  |                    |                      |                            |                         |                                       |                 |  |
| STREET ADDRESS                                   |                                  |  |                            | 4 3 S            | TREE  | TADDRESS           |                      |                            |                         |                                       |                 |  |
| CITY-ST-ZIP                                      |                                  |  |                            | 4,4 CI           | TY-S  | ST-ZIP             |                      |                            |                         |                                       |                 |  |
| TITLE  |                                  |  | ☐ DELETE                   | 5 1 TI           |       |                    |                      |                            |                         | ☐ Change                              | Addition        |  |
|  |                                  |  |                            | 5.2 N/           | AME   |                    |                      |                            |                         |                                       |                 |  |

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 cortify 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 attactyment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

Addition