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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V73230 JSC TECHNOLOGY, INC.

(7)

FILED Apr 01 1998 8:00am Secretary of State

3020 N FEDER	of Business Y - KELLY & KELLY, PA IAL HWY, BLDG 11, 2ND FL IDALE FL 33306	Mailing Address % JOHN KELLY - KELLY 3020 N FEDERAL HWY. B FORT LAUDERDALE FL 3	LDG 11.		FL	DO NOT WRITE IN THIS SPACE
US US					3. Date Incorporated or Qualified 10/19/1992	
 -	ace of Business	2a. Mailing Address 26				4. FEI Number Applied For 65-0378026 Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
City & State		City & State			Fee Required	
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution	
Zip	Country	Zip		untry		8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Current	<u> </u>	30]		· • · · · · · · · · · · · · · · · · · ·	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
KELLY, JOHN				81	Name	
3020 N FEDERAL HWY, BLDG 11 2ND FL				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
FORT LAUDERDALE FL 33306				83		
				84	City	85 Zip Code
44 Durawani k	the provisions of Castiana 602 0502	and COZ 1500 Florida Ctatuta	ام ماه ما			oration submits this statement for the purpose of changing its registered
SIGNATURE	in familiar with, and accept the obligation familiar with, and accept the obligation of function of registered agent of FICERS AND	and tille if applicable (NOTE		_		ed when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 19	TLE		Change Addition
NAME	KELLY, JOHN	44 000 51	1.2 NAME		}	
STREET ADORESS	3020 N FEDERAL HWY, BLDG FORT LAUDERDALE FL	,			ADDRESS	
CITY-ST-ZIP TITLE			2.1 Tu	ITY-ST ITLE	- ZIP	Change Addition
NAME			2.2 N	AME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-S 3.1 TITLE		T- ZIP	☐ Change ☐ Addition
NAME			3.2 N			
STREET ADDRESS			3.3 S	TREET A	address	
CITY-ST-ZIP		DELETE		CITY-SI	T-ZIP	☐ Change ☐ Addition
TITLE NAME	I		4.1 TI 4. 2 N			L Change L Addition
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		<u>-</u>	4.4 C	HY-ST	- ZiP	
TITLE		☐ DELETE	5.1 TI			Change Addition
NAME CTREET ADDRESSE			5.2 N		DODCCC	
STREET ADDRESS CITY-ST-ZIP				ITY-ST	ADORESS	
THILE		☐ DELETE			-"	☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADDRESS) _	6.3 S	TREET /	ADDRESS .	
CITY-ST-ZIP	asifu that the information			tr-st		Cooling 110 07/2VII Elevido Clatutos I Emilios and that the inter-
indicated of officer or d	r Block 13 if changed, or oil an attabl	h this fuling does not qualify to annual report is true and acci- yer of truster empowered to e inhalt with full address.	urate an execute	d tha this re	t my signatur eport as requ	Section 119.07(3)(i). Florida Statutes. I further certify that the information re shall have the same legal effect as if made under oath; that I am an ulred by Chapter 607, Florida Statutes; and that my name appears in U.