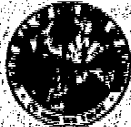


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J25509**

(7)

1. Corporation Name

JET AVON CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

% THOMAS S. IRWIN
3000 TAFT ST
HOLLYWOOD FL 33021

Mailing Address

% THOMAS S. IRWIN
3000 TAFT ST
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified

07/24/1986

3a. Date of Last Report

04/05/1994

4. FEI Number

59-2699611

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21 3000 TAFT STREET

2a. Mailing Address

26 3000 TAFT STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 HOLLYWOOD, FL

City & State

28 HOLLYWOOD, FL

Zip

24 33021

Country

25 USA

Zip

29 33021

Country

30 USA

9. Name and Address of Current Registered Agent

MENDELSON, VICTOR H.
3000 TAFT ST
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DT
NAME	IRWIN, THOMAS S.
STREET ADDRESS	3000 TAFT ST.
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	S
NAME	LETENDRE, ELIZABETH, R
STREET ADDRESS	3000 TAFT ST.
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	P
NAME	MENDELSON, ERIC
STREET ADDRESS	3000 TAFT ST.
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	V
NAME	REUM, JAMES L
STREET ADDRESS	3000 TAFT ST.
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	V
NAME	BAJUELO, EDWARD
STREET ADDRESS	3000 TAFT STREET
CITY - ST - ZIP	HOLLYWOOD FL 33021
TITLE	V
NAME	CARWLE, JAMES P
STREET ADDRESS	3000 TAFT STREET
CITY - ST - ZIP	HOLLYWOOD FL 33021

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DELETE
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DELETE
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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:

Thomas S. Irwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95
DATE

305 9876101
TELEPHONE NUMBER