

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

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J35201		(9)			
1. Corporation Name JCM TOOLS, INC.					



Principal Place of Business % WENDY L. CHIARELLA 376 17TH AVENUE VERO BEACH FL 32962	Mailing Address % WENDY L. CHIARELLA 276 17TH AVENUE VERO BEACH FL 32962-2728
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/24/1986		3a. Date of Last Report 04/29/1996	
4. FEI Number 59-2727410		5. Certificate of Status Desired ☐		Applied For Not Applicable		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent CHIARELLA, WENDY L. 276 17TH AVENUE VERO BEACH FL 32962				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	NAME	CHIARELLA, JOSEPH R.	1.1 TITLE		1.2 NAME	
STREET ADDRESS	276 17TH AVENUE	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	
CITY-ST-ZIP	VERO BEACH FL	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	DVP	NAME	CHIARELLA, WENDY L.	3.1 TITLE		3.2 NAME	
STREET ADDRESS	276 17TH AVENUE	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	
CITY-ST-ZIP	VERO BEACH FL	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS	
NAME		5.4 CITY-ST-ZIP		5.5 CITY-ST-ZIP		6.1 TITLE	
STREET ADDRESS		6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.4 CITY-ST-ZIP					

14. I do 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E034 (9/96)