

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

**FILED**

**May 06 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 # K10196 (9)**  
1. Corporation Name  
**JESSAND CORP.**



Principal Place of Business  
**104 CRANDON BLVD., SUITE 419  
KEY BISCAVNE FL 33149**

Mailing Address  
**104 CRANDON BLVD., SUITE 419  
KEY BISCAVNE FL 33149-1542**

3. Date Incorporated or Qualified **01/04/1988** 3a. Date of Last Report **05/01/1996**  
4. FLE Number **65-0018273** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**SPENCER, S. A.  
251 CRANDON BLVD.  
UNIT #164  
KEY BISCAVNE FL**

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 \_\_\_\_\_ (NOT: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------------------|---|---|
| TITLE                      | DP<br><b>DONAGHY, JAMES W.</b>   | <input type="checkbox"/> DELETE                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>104 CRANDON BLVD STE 419</b>  | 11 TITLE  |   |
| STREET ADDRESS             | <b>KEY BISCAVNE FL</b>           | 12 NAME   |   |
| CITY-ST-ZIP                |                                  | 13 STREET ADDRESS                                     |   |
| TITLE                      | S<br><b>RAINES, ALAN P</b>       | 14 CITY-ST-ZIP  |   |
| NAME                       | <b>535 5TH AVENUE 25TH FLOOR</b> | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | <b>NEW YORK NY</b>               | 22 NAME   |   |
| CITY-ST-ZIP                |                                  | 23 STREET ADDRESS                                     |   |
| TITLE                      | AS<br><b>LEISCHNER, STEVEN</b>   | 24 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>1979 DOGWOOD DRIVE</b>        | 31 TITLE  |   |
| STREET ADDRESS             | <b>WESTFIELD NJ</b>              | 32 NAME   |   |
| CITY-ST-ZIP                |                                  | 33 STREET ADDRESS                                     |   |
| TITLE                      |                                  | 34 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 41 TITLE  |   |
| STREET ADDRESS             |                                  | 42 NAME   |   |
| CITY-ST-ZIP                |                                  | 43 STREET ADDRESS                                     |   |
| TITLE                      |                                  | 44 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 51 TITLE  |   |
| STREET ADDRESS             |                                  | 52 NAME   |   |
| CITY-ST-ZIP                |                                  | 53 STREET ADDRESS                                     |   |
| TITLE                      |                                  | 54 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 61 TITLE  |   |
| STREET ADDRESS             |                                  | 62 NAME   |   |
| CITY-ST-ZIP                |                                  | 63 STREET ADDRESS                                     |   |
| TITLE                      |                                  | 64 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 *Steven Leischer* DATE *2-2-97*

CR2E034 (9/96)