


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

**FILED**  
**May 23 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 # P93000012723 (1)**  
 1. Corporation Name  
**JAMBAR, INC.**



Principal Place of Business Mailing Address  
**2148 SADLER ROAD AMELIA ISLAND FL 32034 US**      **2148 SADLER ROAD AMELIA ISLAND FL 32034-4451 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/18/1993</b>	3a. Date of Last Report <b>02/06/1996</b>
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-3183219</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip Country	25 Zip Country	29 Zip Country		30 Zip Country	
7. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>GRAHAM, JAMES E</b> <b>2148 SADLER ROAD</b> <b>AMELIA ISLAND FL 32034</b>				<b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAHAM, BARBARA D</b>	1.2 NAME	
STREET ADDRESS	<b>2148 SALDEX RD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>AMELIA ISLAND FL</b>	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAHAM, JAMES E</b>	2.2 NAME	
STREET ADDRESS	<b>2148 SADLER RD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>AMELIA ISLAND FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACK, BARBARA L</b>	3.2 NAME	
STREET ADDRESS	<b>2148 SADLER RD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>AMELIA ISLAND FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACK, WILLIAM B</b>	4.2 NAME	
STREET ADDRESS	<b>848 GREYMONT CIR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MARIETTA GA 33064</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAHAM, EMILY A</b>	5.2 NAME	
STREET ADDRESS	<b>848 GREYMONT CIR</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MARIETTA GA 33064</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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: \_\_\_\_\_ (Signature and typed or printed name of signing officer or director)      Date: **4/18/97**      Daytime Phone #: \_\_\_\_\_

CR2E034 (9/96)