

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000035670 (6)

1. Corporation Name
JABEZ, INC.



Principal Place of Business: 8538 MALLARY ROAD, #1 JACKSONVILLE FL 32220
Mailing Address: P O BOX 1233 BRANFORD FL 32008 US

3. Date Incorporated or Qualified: 05/11/1994
3a. Date of Last Report: 04/14/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3157695	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country		Country		<input type="checkbox"/>	
24		29		8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
		30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DESANTIS, VINCENT A
8538 MALLARY ROAD, #1
JACKSONVILLE FL 32220

81 Name: Alice M Childress
82 Street Address (P.O. Box Number is Not Acceptable): 704 N W OBRIEN ST
83 Branford
84 City: Branford FL 85 Zip Code: 32008

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: *Alice M Childress* Alice M Childress Secretary 4/30/93
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	PD DESANTIS, VINCENT A 12038 ACCORNSHELL LANE JACKSONVILLE FL 32220	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD CHILDRESS, ROBERT C III P O BOX 1233 OBRIENT EXPRESS BRANFORD FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD CHILDRESS, ALICE M P O BOX 1233 OBRIENT EXPRESS BRANFORD FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: *Alice M Childress* Alice M Childress 4/30/96 904/935-2000
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (12/95)