

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 # **P94000038877 (4)**
1. Corporation Name
JSR Limited, Inc.

Principal Place of Business Mailing Address
**340 Park Ave. North,
Winter Park, Fl. 32779**

2. Principal Place of Business 2a. Mailing Address
21 **340 Park Ave N.** 26 **340 Park Ave. N**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
23 **Winter Park Fl** 28 **Winter Park, Fl**
City & State City & State
24 **32789** 25 **USA** 29 **32789** 30 **USA**
Zip Country Zip Country

3. Date Incorporated or Qualified **06/24/94** 3a. Date of Last Report **4/21/95**
4. FEI Number **59-3245311** 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

9. Name and Address of Current Registered Agent
**Robert Weissmann
309 Sabal Park Pl. #20
Longwood Fl. 32779**

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE _____ Signature of Registered Agent _____ Signature of New Agent _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | Pres & Dir | <input type="checkbox"/> DELETE |
| NAME | Jillian Schnaper | |
| STREET ADDRESS | 621 Sabal Lake Dr. #205 | |
| CITY-ST-ZIP | Longwood Fl. 32779 | |
| TITLE | Vice Pres. & Dir. | <input type="checkbox"/> DELETE |
| NAME | Jay Obewolb | |
| STREET ADDRESS | 1759 Cocoplum Court | |
| CITY-ST-ZIP | Longwood FL 32779 | |
| TITLE | Sec-Treas & Dir | <input type="checkbox"/> DELETE |
| NAME | Susan bewolb | |
| STREET ADDRESS | 1759 Cocoplum Court | |
| CITY-ST-ZIP | Longwood Fl. 32779 | |
| TITLE | Dir. | <input type="checkbox"/> DELETE |
| NAME | Robert Weissmann | |
| STREET ADDRESS | 309 Sabal Park Pl. #201 | |
| CITY-ST-ZIP | Longwood Fl. 32779 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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*****200.00**

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: _____ **Jillian Schnaper, Pres. 6/22/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

407-786-0780
125 5/1/96