

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000078496  
1. Corporation Name:  
**JUBILEE PRODUCTS, INC.**

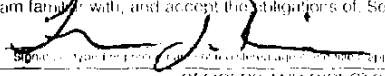
Principal Place of Business: **20665 COUNTRY BARN DR. ESTERO, FL 33928**  
Mailing Address: **P.O. Box 704 ESTERO, FL 33928**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified  
**10-21-94**

21. Principal Place of Business <b>12800 UNIVERSITY DRIVE</b> Suite, Apt. #, etc	26. Mailing Address <b>12800 UNIVERSITY DR.</b> Suite, Apt. #, etc	4. FEI Number <b>59-3272887</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
22. <b>SUITE 675</b> City & State	27. <b>SUITE 675</b> City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. <b>FT. MYERS, FL.</b> Zip	28. <b>FT. MYERS, FL</b> Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. <b>33907</b>	25. <b>LEE</b>	29. <b>33907</b>	30. <b>LEE</b>

9. Name and Address of Current Registered Agent <b>ISAAC H. NUNN, JR. 129 SE 1ST. AVE. CAPE CORAL, FL. 33990</b>		10. Name and Address of New Registered Agent	
B1 Name	<b>THOMAS J. RHEIN</b>		
B2 Street Address (P.O. Box Number is Not Acceptable)	<b>11381 LONGWATER CHASE COURT.</b>		
B3			
B4 City	<b>FT. MYERS.</b>	B5 State	<b>FL</b>
		B6 Zip Code	<b>33908</b>

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 this 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:  (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMAS J. RHEIN</b>	1.2 NAME	<b>JAMES YOUNG</b>
STREET ADDRESS	<b>11381 LONGWATER CHASE COURT</b>	1.3 STREET ADDRESS	<b>8006 PITTMAN AVE.</b>
CITY- ST- ZIP	<b>FT. MYERS, FL 33908</b>	1.4 CITY- ST- ZIP	<b>PENSACOLA, FL 32534</b>
TITLE	<b>DST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELAINE M. RHEIN</b>	2.2 NAME	
STREET ADDRESS	<b>11381 LONGWATER CHASE COURT.</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>FT. MYERS, FL 33908</b>	2.4 CITY- ST- ZIP	
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>400002610914</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISAAC H. NUNN</b>	3.2 NAME	<b>-08/07/98--01087--005</b>
STREET ADDRESS	<b>129 SE 1ST AVE.</b>	3.3 STREET ADDRESS	<b>*****61.25 *****61.25</b>
CITY- ST- ZIP	<b>CAPE CORAL, FL 33990</b>	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 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 in an attachment with an address.

SIGNATURE:  Date: **8-6-98** Daytime Phone #:

CFR2E034 (10/97)