

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000047774 (1)**

1. Corporation Name
JSR ENTERPRISES, INC.



Principal Place of Business
**5491 N.W. 15TH STREET, BAY 2
MARGATE FL 33063**

Mailing Address
**5491 N.W. 15TH STREET, BAY 2
MARGATE FL 33063**

3. Date Incorporated or Qualified: **06/15/1995** 3a. Date of Last Report

4. FEI Number: **65-0590775** 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

21. **7750 N.W. 79 AVE.**
Subst. Apt. #, etc.

22. **H-9**
City & State

23. **MARGATE FL**
Zip Country

24. **33321** 25. **USA**

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. City & State

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

**RAPAPORT, JEFF
5491 N.W. 15TH STREET, BAY 2
MARGATE FL 33063**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		2. NAME	
3. CITY, ST, ZIP		3. STREET ADDRESS	
4. TITLE	<input type="checkbox"/> DELETE	4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS		6. NAME	
7. CITY, ST, ZIP		7. STREET ADDRESS	
8. TITLE	<input type="checkbox"/> DELETE	8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS		10. NAME	
11. CITY, ST, ZIP		11. STREET ADDRESS	
12. TITLE	<input type="checkbox"/> DELETE	12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. NAME	
15. CITY, ST, ZIP		15. STREET ADDRESS	
16. TITLE	<input type="checkbox"/> DELETE	16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS		18. NAME	
19. CITY, ST, ZIP		19. STREET ADDRESS	
20. TITLE	<input type="checkbox"/> DELETE	20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 its manager 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 amendment with an address.

SIGNATURE: *Neil Sloven*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 954-720-0750
Date Daytime Phone #

CR2E034 (12/95)