

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P96000000952 (7)

1. Corporation Name
JADON, LTD., INC.



Principal Place of Business Mailing Address
701 ENTERPRISE ROAD EAST SUITE 100 SAFETY HARBOR FL 34695

3. Date Incorporated or Qualified 12/29/1995 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 59-3358939 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
SULLIVAN, JOHN
701 ENTERPRISE ROAD EAST
SUITE 100
SAFETY HARBOR FL 34695

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 607.1508, 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's signature required when resigning.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SULLIVAN, JOHN <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	701 ENTERPRISE ROAD EAST, SUITE 100	12 NAME	
STREET ADDRESS	SAFETY HARBOR FL 34695	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	D BARBER, CHARLES F <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1550 S. HIGHLAND AVENUE	22 NAME	
STREET ADDRESS	CLEARWATER FL 34616	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Sullivan, Karen
STREET ADDRESS		33 STREET ADDRESS	701 Enterprise Rd., #100
CITY - ST - ZIP		34 CITY - ST - ZIP	Safety Harbor, Fl. 34695
TITLE	<input type="checkbox"/> DELETE	41 TITLE	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	John P. Sullivan
STREET ADDRESS		43 STREET ADDRESS	701 Enterprise Rd., E. # 100
CITY - ST - ZIP		44 CITY - ST - ZIP	Safety Harbor, Fl. 34695
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karen A. Sullivan* Karen A. Sullivan 6/24/96 (813) 797-6522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

CR2E034 (3/96)