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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000091989 (9)

1. Corporation Name
JAC ENTERPRISES OF THE TREASURE COAST, INC.



Principal Place of Business
10602 S FEDERAL HIGHWAY
PORT ST. LUCIE FL 34983

Mailing Address
10602 S FEDERAL HIGHWAY
PORT ST. LUCIE FL 34952-6401

3. Date Incorporated or Qualified
11/08/1996

3a. Date of Last Report

2. Principal Place of Business
21 4474 Okeechobee RO
Suite, Apt. #, etc.

2a. Mailing Address
26 4474 Okeechobee RO
Suite, Apt. #, etc.

4. FEI Number
65-07111 27

Applied For
Not Applicable

22

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Ft Pierce, FL
City & State

28 Ft Pierce FL
City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 34947 St. Lucie
Zip Country

29 34947 St. Lucie
Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROWLEY, JOAN A
10602 S FEDERAL HIGHWAY
PORT ST. LUCIE FL 34983

81 Name CROWLEY, JOAN A
82 Street Address (P.O. Box Number is Not Acceptable)
4474 Okeechobee Rd
83
84 City Ft Pierce FL 85 Zip Code 34947

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	CROWLEY, JOAN A	
STREET ADDRESS	474 NE RED ROCK CT	
CITY - ST - ZIP	PORT ST. LUCIE FL 34983	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDITION
1.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Crowley, Joan A		
1.3 STREET ADDRESS	4474 Okeechobee Rd		
1.4 CITY - ST - ZIP			
2.1 TITLE	m) CROWLEY, David A	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	474 NE Red Rock Ct		
2.3 STREET ADDRESS	Port St Lucie, FL. 34983		
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:  JOAN A CROWLEY Date: 4-22-97 Daytime Phone #: 561-467-0086

CR2E034 (9/96)