

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

FILED

**Apr 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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: 4474 OKEECHOBEE RD FT PIERCE FL 34947 US
Mailing Address: 4474 OKEECHOBEE RD FT PIERCE FL 34947 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1996
4. FEI Number: 65-0711127
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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business: 21 10085 S. Federal Hwy, Suite, Apt. #, etc. 22 Port St Lucie, City & State 23 Florida, Zip 24 34952, Country 25 US
2a. Mailing Address: 26 474 NE Red Rock Ct, Suite, Apt. #, etc. 27 Port St Lucie, City & State 28 Florida, Zip 29 34983, Country 30 US

9. Name and Address of Current Registered Agent: CROWLEY, JOAN A, 4474 OKEECHOBEE RD, FT PIERCE FL 34947
10. Name and Address of New Registered Agent: 81 Name: Joan A Crowley, 82 Street Address (P.O. Box Number is Not Acceptable): 10085 S. Federal Hwy, 83 Port St Lucie, 84 City: Port St Lucie, FL 85 Zip Code: 34952

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CROWLEY, JOAN A	12 NAME	P/O/S Joan A Crowley
STREET ADDRESS	474 NE RED ROCK CT	13 STREET ADDRESS	474 NE Red Rock Ct
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	14 CITY-ST-ZIP	Port St Lucie, Fl. 34983
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M CROWLEY, DAVID A	22 NAME	Joanne Harvey
STREET ADDRESS	474 NE REDROCK CT	23 STREET ADDRESS	1367 meadow Brook Dr.
CITY-ST-ZIP	PORT ST LUCIE FL	24 CITY-ST-ZIP	West Palm Beach, Fl. 33417
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Edward A Crowley
STREET ADDRESS		33 STREET ADDRESS	474 NE Red Rock Ct
CITY-ST-ZIP		34 CITY-ST-ZIP	Port St Lucie, Fl. 34983
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	C Arthur E Crowley
STREET ADDRESS		43 STREET ADDRESS	474 NE Red Rock Ct.
CITY-ST-ZIP		44 CITY-ST-ZIP	Port St Lucie, Fl. 34983
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 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 on an attachment with an address.

SIGNATURE: _____ 4-24-98 561-398-8716

CR2E034 (10/97)