

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

**FILED**

**Jun 01 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000005461**  
 1. Corporation Name  
**ForJays of the Treasure Coast, Inc.**

Principal Place of Business	Mailing Address
<b>1944 SE Port St. Lucie Blvd. Port St. Lucie, FL 34952</b>	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>1/2/97</b>	4. FEI Number <b>59-3429462</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 <b>4244 SE Commerce Ave</b> Suite, Apt. #, etc	2a. Mailing Address 26 <b>4244 SE Commerce Ave</b> Suite, Apt. #, etc.
22 City & State 23 <b>Stuart, FL</b>	27 City & State 28 <b>Stuart, FL</b>
24 Zip <b>34997</b> 25 Country <b>USA</b>	29 Zip <b>34997</b> 30 Country <b>USA</b>

9. Name and Address of Current Registered Agent  
**Janet P. Rizzolo  
1944 SE Port St. Lucie Blvd.  
Port St. Lucie, FL 34952**

10. Name and Address of New Registered Agent  
 81 Name **Jaquelyn Howard**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**4244 SE Commerce Avenue**  
 83  
 84 City **Stuart** FL 85 Zip Code **34997**

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: *Jaquelyn Howard* **Jaquelyn Howard** **5/5/98**  
(NOT Registered Agent's signature required when reinstating)

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		12 NAME	<b>Joel Howard</b>
STREET ADDRESS		13 STREET ADDRESS	<b>5807 SE Avalon Drive</b>
CITY-ST-ZIP		14 CITY-ST-ZIP	<b>Stuart, FL 34997</b>
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<b>VP/T/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	<b>Jaquelyn Howard</b>
STREET ADDRESS		23 STREET ADDRESS	<b>5807 SE Avalon Drive</b>
CITY-ST-ZIP		24 CITY-ST-ZIP	<b>Stuart, FL 34997</b>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	<b>000002543560</b>
STREET ADDRESS		53 STREET ADDRESS	<b>-06/02/98--01019--042</b>
CITY-ST-ZIP		54 CITY-ST-ZIP	<b>***155.00</b>
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	<b>02 611</b>
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.  
*Jaquelyn Howard*

CR2E034 (10/97)