

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

FILED
Mar 24 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 # P97000022600 (5)
 1. Corporation Name
JAMES AUSTIN SMITH ENTERPRISES, INC.



Principal Place of Business 2121 CORPORATE SQ. BLVD. BLDG. A SUITE 125. P.O. BOX 8479 JACKSONVILLE FL 32239	Mailing Address 2121 CORPORATE SQ. BLVD. BLDG. A SUITE 125. P.O. BOX 8479 JACKSONVILLE FL 32239
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2121 Corporate Sq. Blvd.	26	PO Box 8479	03/15/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	Suite 145 PO Box 8479	27		59-3439687	
City & State		City & State		5. Certificate of Status Desired	
23	Jacksonville FL	28	Jacksonville FL	<input type="checkbox"/> \$8.75 Additional Fee Required	
24	32239	25	Duval	6. Election Campaign Financing Trust Fund Contribution	
29	32239	30	Duval	<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
BLACK, PETER D 2121N CORPORATE SQ. BLVD. BLDG. A SUITE 126, P.O. BOX 8479 JACKSONVILLE FL 32239				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BLACK, PETER D 2121N CORPORATE SQ. BLVD. BLDG. A SUITE 126, P.O. BOX 8479 JACKSONVILLE FL 32239				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 607.1508, 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 Peter D. Black (Signature, typed or printed name of registered agent and title if applicable.)
 Signature: Peter D. Black (NOTE: Registered Agent signature required when reinstating)
 DATE: 3/6/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Peter D. Black			1.2 NAME			
STREET ADDRESS	2121 Corporate Sq Blvd Bldg A Ste 145			1.3 STREET ADDRESS			
CITY-ST-ZIP	Jacksonville, FL 32216			1.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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.

Peter D. Black 3/6/98 901225-8405

CP2E034 (10/97)