

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

**FILED**  
**Jan 23 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # P97000058956 (8)**  
 1. Corporation Name  
**FIRST JACZ ENTERPRISES, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>3903 NAPA PL<br>VALRICO FL 33594 | Mailing Address<br>3903 NAPA PL<br>VALRICO FL 33594 |
|---|---|

DO NOT WRITE IN THIS SPACE

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 2. Principal Place of Business<br>21 <b>9622 US Hwy 301 South</b><br>Suite, Apt. #, etc. |  | 2a. Mailing Address<br>26 <b>POB 3159</b><br>Suite, Apt. #, etc. |  | 3. Date Incorporated or Qualified<br><b>07/07/1997</b>  |  |
| 22 City & State<br><b>Riverview FL</b>   |  | 27 City & State<br><b>BRANDON FLA</b>                            |  | 4. FEI Number<br><b>59-3456025</b><br>Applied For<br><input type="checkbox"/> Not Applicable    |  |
| 23 Zip<br><b>33569</b>   |  | 28 Country<br><b>Hillsborough</b>                                |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 24 <b>33569</b>  |  | 25 <b>Hillsborough</b>   |  | 29 <b>33509</b>   |  |
| 30 <b>Hillsborough</b>   |  | 31 <b>33509</b>  |  | 32 <b>Hillsborough</b>  |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent<br><b>WOODWARD, ANTHONY G</b><br><b>701 W. BAY ST.</b><br><b>TAMPA FL 33606</b> |  |  |  | 10. Name and Address of New Registered Agent          |  |
| 81 Name   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |
| 83  |  |  |  | 84 City   |  |
|   |  |  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | DPS <input type="checkbox"/> DELETE | 1.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | HUNT, HAROLD E                      | 1.2 NAME  | <b>JAMES MELLODY</b>  |
| STREET ADDRESS             | 3903 NAPA PL.                       | 1.3 STREET ADDRESS                                    | <b>5205 CULASAJA CIR.</b>   |
| CITY-ST-ZIP                | VALRICO FL 33594                    | 1.4 CITY-ST-ZIP                                       | <b>VALRICO FL 33569</b>   |
| TITLE                      | DVT <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | SANDLER, SCOTT M                    | 2.2 NAME  |   |
| STREET ADDRESS             | 3808 S. NINE DR.                    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | VALRICO FL 33594                    | 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.

SIGNATURE: **Scott M. Sandler** v.p. 1.6.98 813-621-7747

CR2E034 (10/97)