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Mar 04 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 # 302079

(9)

1. Corporation Name
JENSEN LANES, INCORPORATED



Principal Place of Business
1357 N E OCEAN BLVD
SUITE 305
STUART FL 34996
US

Mailing Address
1357 NE OCEAN BLVD
SUITE 305
STUART FL 34996-1505
US

3. Date Incorporated or Qualified
02/17/1966

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

59-1112094

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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

CASEY, MAUREEN
1357 N OCEAN BLVD.
STUART FL 34996

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **D**
 NAME **PETZ, MAURICE**
 STREET ADDRESS **1357 N OCEAN BLVD.**
 CITY-ST-ZIP **STUART FL**

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **STD**
 NAME **CASEY, MAUREEN**
 STREET ADDRESS **1357 N OCEAN BLVD.**
 CITY-ST-ZIP **STUART FL**

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **V**
 NAME **CASEY, PATRICK**
 STREET ADDRESS **1701 CANORA DR**
 CITY-ST-ZIP **PT ST LUCIE FL**

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **D**
 NAME **PETZ, ROBERT**
 STREET ADDRESS **3644 SW 16TH ST**
 CITY-ST-ZIP **OKEECHOBEE FL**

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE
 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 if changed, or on an attachment with an address

SIGNATURE: *[Signature]*
 SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97
467-1800
 Date Daytime Phone #

CR2E034 (9/96)