


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

FILED

Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 342378</b> 1. Corporation Name <b>J PELL CORPORATION</b> <b>P.O. BOX 1503</b> <b>OLD TOWN, FL 32680</b>			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified <b>03/03/69</b>		3a. Date of Last Report <b>04/30/96</b>	
4. FEI Number <b>59 1258969</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 type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b> <b>JACK A. PELL</b> <b>SHADOW OAKS LN.</b> <b>OLD TOWN, FL 32680</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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: _____			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE	President Jack A. Pell Shadow Oaks Ln. Old Town, FL 32680	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	Vice-President Joan A. Pell Shadow Oaks Ln. Old Town, FL 32680
TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE	Vice-President Joan A. Pell Shadow Oaks Ln. Old Town, FL 32680	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	Vice-President Joan A. Pell Shadow Oaks Ln. Old Town, FL 32680
TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE	Vice-President Joan A. Pell Shadow Oaks Ln. Old Town, FL 32680	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	Vice-President Joan A. Pell Shadow Oaks Ln. Old Town, FL 32680
TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE	Vice-President Joan A. Pell Shadow Oaks Ln. Old Town, FL 32680	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	Vice-President Joan A. Pell Shadow Oaks Ln. Old Town, FL 32680
TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE	Vice-President Joan A. Pell Shadow Oaks Ln. Old Town, FL 32680	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	Vice-President Joan A. Pell Shadow Oaks Ln. Old Town, FL 32680
TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE	Vice-President Joan A. Pell Shadow Oaks Ln. Old Town, FL 32680	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	Vice-President Joan A. Pell Shadow Oaks Ln. Old Town, FL 32680
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.			
<b>SIGNATURE</b> <i>Jack A. Pell</i> <b>Jack A. Pell</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>4/24/97</b> <b>352 542-3450</b> Date Daytime Phone #	

CR2E034 (9/96)