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Feb 05 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 # 457454 (7)

1. Corporation Name
JASON CORP.



Principal Place of Business: 15 N US #1 46 A FL 32926
Mailing Address: 3815 N US #1 SUITE 48 COCOA FL 32926-5945 US

3. Date Incorporated or Qualified: 08/19/1974
3a. Date of Last Report: 05/09/1996

2. Principal Place of Business: 860 Kerry Downs Cir. Suite, Apt. #, etc. City & State: Melbourne, Fla. Zip: 32940 Country: USA
2a. Mailing Address: 860 Kerry Downs Cir. Suite, Apt. #, etc. City & State: Melbourne, Fla. Zip: 32940 Country: USA

4. FEI Number: 59-1561804 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
REINMAN, JAMES, ATTORNEY
1825 S. RIVERVIEW DRIVE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent
8. Name
8. Street Address (P.O. Box Number is Not Acceptable)
8. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCARP, TOM	
STREET ADDRESS	860 KERRY DOWNS CIRCLE	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCARP, SARAH	
STREET ADDRESS	860 KERRY DOWNS CIRCLE	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	LANG, BERYL G	
STREET ADDRESS	1010 BUTIA STREET	
CITY - ST - ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V Joseph P. Scarp
2.3 STREET ADDRESS	3096 N. Course Dr., Dtdg #52
2.4 CITY - ST - ZIP	Pompano Beach, FL 33069
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  407 636 8955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0102308

CR2E034 (9/96)