FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

491846

(2)

DOCUMENT # 1. Corporation Name

JAREDA CORPORATION

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Principal Place of Business Mailing Address P. O. BOX 522714 P. O. BOX 522714			teanin binit taidt tillet illitt t	IGIA ALII AIRII I	1881 A1861 A	11011 A1611 B1611 1881			
			P. O. BOX 522714						
MARATHO	ON SHORES FL 33052-2714	MARATHON SHORE	ES FL 33052	2-2714	ı				
						3 Date Incorporated or Auglified	3a. Date	of Look F	5
						3. Date Incorporated or Qualified 12/02/1975	38. Date	05/01/	1995
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	L	<u> </u>	Applied For
21		26			59-1641278			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75			5 Additional	
22		27				5. Certificate of Status Desired			Required
City & State		City & State		6. Election Campaign Financing					
Zip	Country	28	28			Trust Fund Contribution			d to Fees
24	25	29				8. This corporation has liability for	intangible ta No	x under s	199.032,
	9. Name and Address of Curre		Stered Agent			Florida Statutes Yes 10. Name and Address of New I		anni.	
				81	Name	10. Name and Address of New I	ießisreien v	yeni	
BUTL	er, george d.								
P.O. 8	BOX 522714			82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)		
MARA	THON SHORES FL 33052-2714			83					
				1	City		FL	1 1	p Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	les, the abo	ve-na	amed corpo	pration submits this statement for the pu		nging its i	registered office
	th, and accept the obligations of, Sec			corpo	ration's boa	pration submits this statement for the pu ard of directors. Thereby accept the app	ointment as	registered	dagent. Lam
SIGNATURE .									ļ
12.	Signature, typed or printed name of registered ager			Agent :	signature requir	ed when reinstating)	DATÉ		
TITLE	OFFICERS AN	ID DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFF			····
NAME	BUTLER, GEORGE D		1 1 11				L] Change	☐ Addition
STREET ADDRESS	P.O. BOX 522714 N/A			1 2 NAME					
CHY-ST-ZIP	MARATHON SHORES FL 3			1.3 STREET ADDRESS 1.4 City - St - Zip					
TITLE	ST	☐ DELETE	2 1 71		- 218] Change	Addition
NAME	BUTLER, DOROTHY L		2 2 NA				L) Change	Addition
STREET ADDRESS	P.O. BOX 522714		2.3 STREET ADORESS		DORESS				
CITY-ST-ZIP	MARATHON SHORES FL 3	3052-2714		2 4 CITY - S1 - ZIP					ł
TITLE		☐ DELETE	3 1 11				F	Change	Addition
NAME			3 2 NA	ME			<u> </u>		
STREET ADDRESS			33 ST	TREET A	LODRESS				
CITY-ST-ZIP			3.4 CIT	IY-SI-	ZIP				
THILE	Ì	☐ DELETE	4. 1 Til	TLE				Change	☐ Addition
NAME			4.2 NA	ME					
STREET ADDRESS			4.3 \$16	REET AI	DDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP				
TITLE		☐ DELETE	5 170	TLE				Change	Addition
NAME			5 2 NAI	ME					[
STREET ADDRESS			5 3 STF	REET AL	DORESS				
CITY-ST-ZIP		Phys. c. c. c.	5.4 CIT		ZIP				
TITLE		DELETE	6 1 TiT			· ··		Change	Addition
NAME			6 2 NA	ME					
STREET ADDRESS	9 - A		6.3 STF	REET AL	DDRESS				
C:TY-ST-ZIP		······································	6 4 CIT	Y-51-	ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPE

YPEO OF PRINTED NAME OF SIGNING OF

DOROTHY L. BUTIER

4/19/91

305/743 -7041