

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **593461** (7)

1. Corporation Name

JASIN SERVICE, INC.



Principal Place of Business

Mailing Address

% ACCOUNTING OFFICE
6110 126TH AVE N.
LARGO FL 34643

% ACCOUNTING OFFICE
6110 126TH AVE N.
LARGO FL 34643

3. Date Incorporated or Qualified 11/08/1978	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1858788	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 6110 126TH AVE N. Suite, Apt. #, etc. 22 City & State 23 LARGO, FL Zip 24 34643	2a. Mailing Address 26 6110 126TH AVE N. Suite, Apt. #, etc. 27 City & State 28 LARGO, FL Zip 29 34643 Country 30 U.S.A.
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9. Name and Address of Current Registered Agent

KIRK, CAROL A.
6110 126TH AVE. N
LARGO FL 34643

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

Signature typed or printed name of registered agent and for corporation

(If the Registered Agent is a corporation, the signature of the president or secretary is required)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERNER, JOHN E.	1.2 NAME	
STREET ADDRESS	141 WILLIAM RICHMOND	1.3 STREET ADDRESS	
CITY- ST- ZIP	WILLIAMSBURG VA	1.4 CITY- ST- ZIP	
TITLE	TS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK, CAROL A.	2.2 NAME	
STREET ADDRESS	6110 126TH AVE NORTH	2.3 STREET ADDRESS	
CITY- ST- ZIP	LARGO FL	2.4 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERNER, BARBARA A	3.2 NAME	
STREET ADDRESS	141 WILLIAM RICHMOND	3.3 STREET ADDRESS	
CITY- ST- ZIP	WILLIAMSBURG VA	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 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: *Carol A. Kirk* **CAROL A. KIRK** **4/30/96** **813-536-4800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)