SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON DR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

606227

(7)

JARVIS ENTERPRISES, INC.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 SEP -6 PM 2: 34

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Principal Place of Bus		Mailing Address					
323 10 AVE W STE 300 PALMETTO FL 34221		323 10 AVE W STE 300 PALMETTO FL 34221					
					3. Date Incorporated or Qualified	3a. Date of Last Report 08/08/1995	
# B :		On Mailton Address			01/10/1979 4. FEI Number	U0/U0/	Applied For
2. Principal Place of E	Business	2a. Mailing Address			59-1869321		Not Applicable
1]	LANIA 14	26 Suite, Apt. #, etc.			29-1003251		8.75 Additional
Suite, Apt. #, etc.		27			5. Certificate of Status Desired		Fee Required
City & State		City & State			6. Election Campaign Financing		\$5.00 May Be
3		28			Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Country	y	8. This corporation has liability for i	ntangible tax	under s 199 032,
4	25	29	30		Florida Statutes	Yes N	lo
	ame and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Age	nt
IADMIC I	NEI LI		81	Name			
JARVIS, J	HWY 41 N		82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)	
				1			
PALMETT	O FL 34221		83				
			84	City		8	5 Zip Code
			"	City		- FL ∣°	S P P O O C C
SIGNATURE Signature	typed or printed trace of registered a	gent and too if appearable (HOTE Registered Ap	ent signature rec	plines when reins' ding)	DAIL.	
SIGNATURE Signature 12.		ND DIRECTORS	13.	ed signalicie rec	pires when recording) ADDITIONS/CHANGES TO OFFIC	CERS AND DIF	
Signature 12.	OFFICERS A			ent signature rec		CERS AND DIF	
Signature 12. ITLE POS	OFFICERS A	ND DIRECTORS	13. 11 TILLE 1.2 NAME		ADDITIONS/CHANGES TO OFFIC	CERS AND DIF	
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4. 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 an an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an altachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

9/4/96 941-722 2500