

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

PROFIT CORPORATION- ANNUAL REPORT 1996



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

APPROVED AND FILED

97 FEB 27 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 685326

1. Corporation Name
J H A P, INC.

REINSTATEMENT (1) 1996



Principal Place of Business: **968 REED CANAL SOUTH DAYTONA FL 32119-3154**
Mailing Address: **968 REED CANAL SOUTH DAYTONA FL 32119-3154**

3. Date Incorporated or Qualified 08/25/1980	3a. Date of Last Report 01/12/1996
4. FEI Number 59-2016252	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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent
**FREDRICKS, JUDY
72 GOLDEN GATE CIR.
PT ORANGE FL 32019**

10. Name and Address of New Registered Agent

81 Name	700002102797--7
82 Street Address (P.O. Box Number is Not Applicable)	03/03/97--01120--005
83	****300.00 ****300.00
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0802 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 607.0568, Florida Statutes.

SIGNATURE: *Judy Fredricks* Co-owner *1/20/97*
DATE: **1/20/97**

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	FREDRICKS, JUDY	
STREET ADDRESS	72 GOLDEN GATE CIRCLE	
CITY- ST- ZIP	PT. ORANGE FL 32119	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOLLAND, MARY	
STREET ADDRESS	133 COCONUT CT.	
CITY- ST- ZIP	PT. ORANGE FL 32127	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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	700002102797--7
2.3 STREET ADDRESS	-03/03/97--01120--005
2.4 CITY- ST- ZIP	****75.00 ****75.00
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	

REINSTATEMENT 1996
2/27/97

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 this 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: *Judy Fredricks* **JUDY FREDRICKS** *10/30/96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **9047564415**

CR2E034 (12/95)