


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711123** (0)
1. Corporation Name
FLORIDA JAYCEES, INC.



Principal Place of Business 2000 NORTH GILMORE AVE P.O. BOX 90125 LAKELAND FL 33804-0125	Mailing Address 2000 NORTH GILMORE AVE P.O. BOX 90125 LAKELAND FL 33804-0125
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/30/1966		3a. Date of Last Report 09/24/1996	
				4. FEI Number 59-0543838		Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAXSON, DANIEL E
2000 N. GILMORE AVE
LAKELAND FL 33805**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERTESIS, L J	1.2 NAME	ANDREW MOOS
STREET ADDRESS	3441 NE 14TH TERRACE	1.3 STREET ADDRESS	190 112th AVE N #509
CITY-ST-ZIP	POMPAÑO BEACH FL 33064	1.4 CITY-ST-ZIP	St Petersburg FL 33716
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COYLE, THOMAS P	2.2 NAME	
STREET ADDRESS	765 MANDARINE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUTTNER, HEIDI	3.2 NAME	Steve Berrey
STREET ADDRESS	5496 S. NOVA RD.	3.3 STREET ADDRESS	14290 Satinwood Dr
CITY-ST-ZIP	HARBOR OAKS FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32224
TITLE	COB <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAZELETT, JOAN	4.2 NAME	Vicki Aitken
STREET ADDRESS	1718 PRIMROSE LANE	4.3 STREET ADDRESS	2549 Rose St
CITY-ST-ZIP	W PALM BEACH FL	4.4 CITY-ST-ZIP	Sarasota, FL 34239
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	COB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, SHARON	5.2 NAME	
STREET ADDRESS	2931 SW 87TH TERRACE #1924	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	5.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDEL, CINDY	6.2 NAME	
STREET ADDRESS	2525 NE 131ST LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

CR2E037 (4/97)