## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

## **PROFIT CORPORATION** ANNUAL REPORT



## Sandra B. Mortham

Secretary of State

## **FILED** Apr 21 1998 8:00am Secretary of State

( par	1998	THE PARTY NAMED IN	DIVISION OF CO	PORATIO	SNC	_		<i>J</i>	<u> </u>		
DOCU	IMENT #	2118	1								
<ol> <li>Corporation</li> </ol>	on Name	OFC	ı								
i	TRAL FLORID.			NO							
JUM	IPER ASSOCIA	TION,	INC.								
Principal Plac	ce of Business	Mailing	Address								
JANE	B. BUGNI										
4509	1 COUNTRY GAT	E C+	<b>-</b> S	ame	. –		DO NOT WRITE	IN THIS S	PACE		
VALRICO, FL 33594							3. Date Incorporated or Qualified				
2. Principal F	Place of Business	2a. Ma:	ing Address			4. FEI Number			Ap	plied For	
21		26				59-28	8946	7		t Applicable	
Suite, Apt	, Apt #, etc. Suite, Apt #, etc.					5. Certificate of Sta	atus Desired	. 🗖	\$8.75 A		
City & Sta	ile		& State			6. Election Campa	gn Financing		\$5.00	May Be	
23		28			<del></del>	Trust Fund Cont	-		Added t		
Zip	Country	Zip		Country	,	8. This corporation		- L			
24	25	[29]	3	0		Personal Proper				No.	
	9. Name and Address of Cu	rrem Registered	Agent	81	Name	10. Name and Add			geni		
Connie DREYER						JANE B.					
1		. <u></u>		82	450	ddress (P.O. Box Number	IS NOT ACCEPTED  ### A TE	<u>ج</u> و:	<i>Τ</i> :		
1604 53 RO ST E					<del></del>				•		
Pal	metto, FL	34221		84	City				85 Zip (	Code	
					ν	ALRICO		<u>FĻ</u>	33	594	
office or i	to the provisions of Sections 607 registered agenit, or both, in the S	itate of Horiga, Su	ch change was aut	horized by	the corpo	orporation submits this ste ration's board of directors	itement for the p Thereby accep	ourpose or o t the appoi	changing its intment as r	s registered registered	
T -	am familiar with, and accept the o							ula	laa		
SIGNATURE	Montage Typed of professionary of registers	China est and title Capple	NE B. B	legistered Agr	ort fignativie re	equired when reinstating)		7//4 DATE	198		
12.		AND DIRECTORS		13.		ADDITIONS/CHA	NGES TO OFFIC				
TITLE	PRESIDENT	,	☐ DELETE	1.1 TITLE	İ			ı	Change	☐ Addition	
NAME	KEITH POWEL			1.2 NAME							
STREET ADDRESS				1.3 STREET 1.4 C(TY-S							
CITY-ST-ZIP	SECRETARY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	21 11716	1 - 21		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME	PARIN TRUPP			2.2 NAME					·		
STREET ADDRESS		JR IU ピ		23 STREET	ADDRESS						
CITY-ST-ZIP	TAMPA, FL	33606		2 4 CITY - S	ST - 7IP						
TITLE	VICE PRESIDEA	o T	☐ DELETE	3 1 11 <b>T</b> LE				ı	Change	Addition	
NAME	GEORGANN POW	ERS		3 2 NAME		•					
STREET ADDRESS CITY-ST-ZIP	9595 66th ST Pinellas PARK,		34666	3.3 STHEET 3.4. CHTY - S							
TITLE	TREASURER		DELETE	4 1 TITLE	71-211			····	Change	Addition	
NAME	JANET JEFFL	RIES		4. 2 NAME							
STREET ADDRESS	2983 TEAL LA	∨ ほ		4.3 STRELT	ADDRESS						
CITY - ST - ZIP	CLEARWATER, -	FL 33	762	4.4.011Y-S	T - ZIP	····					
TITLE	,		☐ DELETE	5 1 7171. [		55 LIEU 64 / 20	JU <b>24</b> : 2/98010		L Change	Addition	
NAME				5 2 NAME	Abvalu oo	ー 1047 <i>と</i> 。 ※※※1.50		1111[]	UC		
STREET ADDRESS			į	5.3 STREET		-7-(7- <b>4</b> - <u>1</u> - <sub>2</sub> )),	A POP				
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STREET ADDRESS	}			63S1R[[]	ADDRESS				4	4 n	
CITY-ST-ZIP		· · ·		6.4 CITY - S	T - ZIP					12	
44 16		and the set of the set of the set of				the Original AND DOUGHT FI					

I nereby 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 Normation 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.

JANET JEFFERIES