

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
Aug 25 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 # **749280** (4)

1. Corporation Name

MELBOURNE, FLORIDA, JAYCEES, INC.



Principal Place of Business	Mailing Address
P.O. BOX 361151 MELBOURNE FL 32936-1151	P.O. BOX 361151 MELBOURNE FL 32936-1151

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/11/1979		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		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			
RUSSO, RICHARD A 158 BONFIRE AVENUE N.E. PALM BAY FL 32907				81 Name RANDALL C. FULLEM			
				82 Street Address (P.O. Box Number is Not Acceptable) 2901 Palm Bay Rd NE			
				83 Suite Suite 1			
				84 City Palm Bay, FL			
				85 Zip Code 32905			

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]* DATE **8/10/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSSO, RICHARD A			1.2 NAME	RANDALL C. FULLEM		
STREET ADDRESS	158 BONFIRE AVENUE NE			1.3 STREET ADDRESS	2901 Palm Bay Rd NE Suite 1		
CITY-ST-ZIP	PALM BAY FL 32907			1.4 CITY-ST-ZIP	Palm Bay, FL 32905		
TITLE	VT	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSSO, SUZANNE M			2.2 NAME	MARY TEEGEN		
STREET ADDRESS	158 BONFIRE AVENUE NE			2.3 STREET ADDRESS	43 Marina Isle Blvd		
CITY-ST-ZIP	PALM BAY FL 32907			2.4 CITY-ST-ZIP	Indian Harbor Beach, FL 32937		
TITLE	VT	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GATA, GEORGE			3.2 NAME	RAY DEL GIUDICE		
STREET ADDRESS	2325 SUNSET AVE			3.3 STREET ADDRESS	2597-A Stephen Dr. NE		
CITY-ST-ZIP	INDIALANTIC FL			3.4 CITY-ST-ZIP	Palm Bay, FL 32905		
TITLE	ST	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FUSCO, ALIDA			4.2 NAME	ANDY BOYD		
STREET ADDRESS	4407 THISTLEBERRY DRIVE			4.3 STREET ADDRESS	2597-B Stephen Dr. NE		
CITY-ST-ZIP	MELBOURNE FL 32935			4.4 CITY-ST-ZIP	Palm Bay, FL 32905		
TITLE	T	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TEEGAN, JAMES			5.2 NAME	RICHARD A RUSSO		
STREET ADDRESS	990 RIDGE LAKE DRIVE			5.3 STREET ADDRESS	158 Bonfire Ave. NE		
CITY-ST-ZIP	MELBOURNE FL 32940			5.4 CITY-ST-ZIP	Palm Bay, FL 32907		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME	SUZANNE RUSSO		
STREET ADDRESS				6.3 STREET ADDRESS	158 Bonfire Ave NE		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Palm Bay, FL 32907		

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]* SIGNATURE REQUIRED *[Signature]* DATE **8/10/97**

CR2E037 (4/97)