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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F12333

(3)

1. Corporation Name

JAYCAR ASSOCIATES, INC.



Principal Place of Business

11001 N. 56TH STREET
TEMPLE TERRACE FL 33617

Mailing Address

11001 N. 56TH STREET
TEMPLE TERRACE FL 33617

3. Date Incorporated or Qualified

12/15/1980

3a. Date of Last Report

03/29/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

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30

9. Name and Address of Current Registered Agent

ROSENKRANZ, STANLEY W.
% SHEAR, NEWMAN, HAHN & ROSENKRANZ, P.A.
201 E. KENNEDY BLVD., SUITE 1000
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

P

SAMMIS, JAMES W.

17708 LONG RIDGE RD

TAMPA FL - 33647

DELETED

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

ST

SAMMIS, CAROL A.

17708 LONG RIDGE RD

TAMPA FL - 33647

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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 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.

SIGNATURE:

James W. Sammis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 (813) 8907
Date Daytime Phone #

CR2E034 (12/95)