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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 12 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F81397

(4)

JAROSE, INC.

SIGNATURE:

SIGNATURE AND TYPED C

07 II 100L)										
Principal Place of Business  Mailing Address  Mailing Address						٩				101f 1881
	26m8		4936m8				3. Date Incorporated or Qualified 05/05/1982		of Last Re <b>/1996</b>	∍port
2. Principal Pa	ace of Business	2a. Mailir 26	ng Address				4. FEI Number 59-2188972		<del></del>	plied For t Applicable
Suite, Apt	#, etc.	Suite 27	Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State	e		State				Election Campaign Financing     Trust Fund Contribution	П	\$5.00 Added 1	
Zip	Country	Zip	Country				8. This corporation has liability for in			
24	25			30		Florida Statutes Yes [			□ No	
	9. Name and Address of C	urrent Registered	Agent		- T - 123		10. Name and Address of New Reg	istered A	gent	
	NNAN, GERALD C.			81	I Na	ame				
KRG&G, P.A. 1836 WOODWARD STREET				82		reet Addres	ess (P.O. Box Number is Not Acceptable)			
ORLA	ANDO FL 32803-4295			83	3					
				84	1 Ci	ty		FL	<b>85</b> Zip (	Code
11. Pursuant I office or re agent. Lai	to the provisions of Sections 60 egistered agent, or both, in the militar with, and accept the	7.0502 and 607.150 State of Florida. Sui obligations of, Sect	8, Florida Statute ch change was au on 607.0505, Flor	s, the about thorized be ida Statute	ve-na by the	med corpor corporation	ration submits this statement for the pon's board of directors. I hereby accep		:hanging its intment as	s registered registered
SIGNATURE										
	Signature, typed or printed name of registe				gia Ineg	nature required	when reinstating)	DATE	DIDECTOR	0 141 40
<b>12.</b> TUTLE			13. 1.1 TITLE		····	ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	CAMPBELL, JOHN RONAL	.D		1.2 NAME					onango	rigation
STREET ADDRESS	117 ROPER DRIVE			1.3 STREE		RESS.				, 1
CITY-ST-ZIP	ONTARIO, CANADA 0000	)		1.4 CITY						₹
TITLE			DELETE	2.1 TITLE	<del></del>			[	Change	Addition
NAME				2.2 NAME		ł				
STREET ADDRESS				2.3 STREE		RESS				
CITY-ST-ZIP				2. 4 CITY	- ST - Z(I	Р				
TITLE		· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3.1 TITLE					Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE	ET ADDE	RESS				
CHTY-ST-ZIP				3.4. CITY	- ST - ZII	P ]				
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NAME				4. 2 NAM	E					
STREET ADDRESS				4.3 STRE	ET ADDE	RESS				
CITY-S1-ZIP				4.4 CITY	-ST-ZIF	·				
TITLE			☐ DELETE	5.1 TITLE					Change	Addition
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C(1Y+S1+Z)P	11 401 1 10 10 10 10 10 10 10 10 10 10 10 10			5.4 CITY	ST-ZIF	·				
TITLE			DELETE	6.1 TITLE				[	Change	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	et addf	RESS		1		į
City-St-7iP				64 CITY	-ST - ZIF	·		~· .,		i

14. I do hereby certify that the information supplied with this filling 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 that 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 of an attachment withy an address.