

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

**FILED**

**Mar 06 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F93000004515 (3)**

1. Corporation Name  
**JAZ-SIX CORPORATION**



Principal Place of Business  
**12884 HARBOR DRIVE WOODBRIDGE VA 22192**

Mailing Address  
**12884 HARBOR DRIVE WOODBRIDGE VA 22192-2921**

3. Date Incorporated or Qualified **10/07/1993** 3a. Date of Last Report **04/12/1996**

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	7.
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing		Trust Fund Contribution		This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<b>12872 Harbor Drive</b>		<b>12872 Harbor Drive</b>		<b>54-1406468</b>		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		Applied For / Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		Zip		Country		Date	
				<b>Woodbridge, VA</b>		<b>Woodbridge, VA</b>		<b>22192</b>		<b>USA</b>		<b>2/20/97</b>	
22		27		23		28		24		25		26	
City & State		City & State		Zip		Country		Zip		Country		Date	
				<b>22192</b>		<b>USA</b>		<b>22192</b>		<b>USA</b>		<b>2/20/97</b>	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>GRASKEWICZ, JON 201 OCEAN DRIVE KEY LARGO FL 33037</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	
		<b>FL</b>	

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MALONEY, JAMES C</b>	1.2 NAME	
STREET ADDRESS	<b>12884 HARBOR DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WOODBRIDGE VA 22192</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P WILCOX, ROBERT C</b>	2.2 NAME	
STREET ADDRESS	<b>12884 HARBOR DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WOODBRIDGE VA 22192</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S JOHNSON, TERRI</b>	3.2 NAME	
STREET ADDRESS	<b>12884 HARBOR DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WOODBRIDGE VA 22192</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: TERRI JOHNSON, SECRETARY 2/20/97 603/643-5001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)