

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G30640** (8)

1. Corporation Name
J.V. ASSOCIATES, INC.



Principal Place of Business 101 DUNBAR AVE C OLDSMAR FL 34677 US	Mailing Address 101 DUNBAR AVE. C OLDSMAR FL 34677 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3003 CROSS POINTE DR Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. Box 1149 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 03/28/1983	
City & State 23 OLDSMAR, FL		City & State 28 OLDSMAR, FL		4. FEI Number 59-2284284	
Zip 24 34677	Country 25 PINELAS	Zip 29 34677	Country 30 PINELAS	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent VASKO, JOHN R. 101 DUNBAR AVE STE. C OLDSMAR FL 34677				10. Name and Address of New Registered Agent	
				81 Name JOHN R. VASKO	
				82 Street Address (P.O. Box Number is Not Acceptable) 3003 CROSS POINTE DR	
				83	
				84 City OLDSMAR	
				85 Zip Code FL 34677	

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 *John R. Vasko* (ADDRESS CHANGE ONLY) 4/27/98
Signature of registered agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASKO, JOHN R.	1.2 NAME	
STREET ADDRESS	101 DUNBAR AVE STE. C	1.3 STREET ADDRESS	5003 CROSS POINTE DR
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASKO, DONNA M.	2.2 NAME	
STREET ADDRESS	101 DUNBAR AVE STE. C	2.3 STREET ADDRESS	5003 CROSS POINTE DR
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 *Donna M. Vasko* 4/27/98 813-801-0720

CR2E034 (10/97)