

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
---	---	---

DOCUMENT # **G48134** (2)
1. Corporation Name
J.V. SYSTEMS SERVICE, INC.



Principal Place of Business 101 DUNBAR AVE. SUITE C OLDSMAR FL 34677 US	Mailing Address 101 DUNBAR AVE. SUITE C OLDSMAR FL 34677 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5003 CROSS POINTE DR. Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 1149 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/11/1983	
22 City & State 23 OLDSMAR, FL		27 City & State 28 OLDSMAR, FL		4. FEI Number 59-2309770 Applied For Not Applicable	
24 Zip 34677		25 Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 34677		30 Country Pinellas		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent VASKO, JOHN R 101 DUNBAR AVE. SUITE 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) 5003 CROSS POINTE DR. 83 84 City OLDSMAR FL 85 Zip Code 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 *[Signature]* **(ADDRESS CHANGE ONLY)** **4/27/98**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<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. SUITE C			1.3 STREET ADDRESS	5003 CROSS POINTE DR.		
CITY-ST-ZIP	OLDSMAR FL			1.4 CITY-ST-ZIP	OLDSMAR, FL 34677		
TITLE	STD	<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. SUITE 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 *[Signature]* **4/27/98** **513-99-1722**

CP2E034 (10/97)