FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR -7 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H07191 (0)

1. Corporation Name
J.A. MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2555 PGA BLVD STE 363 PALM BCH GARDENS FL 33410 US	PO BOX 32246 #363 PALM BEACH GARDENS FL 33420 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/23/1984
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21 12628 86th ROAD N.
22 Suite, Apt. #, etc.
23 City & State: ROYAL PALM BEACH, FL.
24 Zip: 33412
25 Country: PALM BEACH

2a. Mailing Address
26 12628 86th ROAD N.
27 Suite, Apt. #, etc.
28 City & State: ROYAL PALM BEACH, FL.
29 Zip: 33412
30 Country: PALM BEACH

4. FEI Number: 59-2418152 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KUHARCIK, JOSEPH, ESQ.
1211 THE PLAZA
SINGER ISLAND FL 33404

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	PTD	☒ Change ☐ Addition
NAME	MOODY, JAMES H.	1.2 NAME	MOODY, JAMES H.	
STREET ADDRESS	2555 PGA BLVD , #363	1.3 STREET ADDRESS	12628 86th ROAD N.	
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL. 33412	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	MOODY, EDNA W	2.2 NAME	MOODY, EDNA W.	
STREET ADDRESS	2555 PGA BLVD #363	2.3 STREET ADDRESS	12628 86th ROAD N.	
CITY-ST-ZIP	PALM BCH GDNS FL	2.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL. 33412	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 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: J A Moody 2-27-95 407-795-8733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0438527 FP