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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H07191

(0)

J.A. MANAGEMENT, INC.

FILED Apr 09 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  12626 96TH ROAD, N 12628 96TH ROAD, N ROYAL PALM BEACH FL 33412 ROYAL PALM BEACH FL 33412-2371 US US										
								ate of Last R 15/1996	of Last Report 5/1996	
2. Principal Pi	ace of Business PINETREE AVE,	26. Mailing Address 26. 43 W. PINE	TAFF	ALLE	<u> </u>	4. FEI Number		<b></b>	pplied For	
21 7 W Suite, Apt		26 43 W. PINE Suite, Apt. #, etc.	11866	AVV		59-2418152			ot Applicable Additional	
27						5. Certificate of Status Desired		<b>*</b>	equired	
City & State City & State City & State CARE WORTH			H, F	۷,		6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Ζιρ 24 <b>33</b> 46	57 25 PALM BEACH	Zip 29 33 467	30 PM	Lu BE	44.14	8. This corporation has liability for Florida Statutes	Yes [	] No	i. 199.032,	
	9. Name and Address of Current I	Registered Agent				10. Name and Address of New I	Registered .	Agent		
	HARCIK, JOSEPH, ESQ.			81 Name						
1211 THE PLAZA				32 Street	Addre	ss (P.O. Box Number is Not Accept	table)			
SIN	GER ISLAND FL 33404		ļ	83						
				B4 City		0	FI	<b>85</b> Zip	Code	
12.	Signature, typical or punted name of registered agest OFFICERS AND	DIRECTORS	13.			a when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND			
TITLE	PTD	DELETE	1.1 101	E	PT	rb		Change	Addition	
NAME	MOODY, JAMES H.	•	1.2 NAI		RIC	HAAD J. MUDDY W PINETREE A KE WATH, FL	VE			
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CITY-ST-ZIP TITLE	V	DELETE	2.1 TIT	Y-ST-ZIP F	1-74	KE WORTH, 10	<u>, , , , , , , , , , , , , , , , , , , </u>	Change	Addition	
NAME	MOODY, EDNA W	7	2.2 NA		ľ					
STREET ADDRESS	12628 86TH ROAD, N		2.3 STF	EET ADDRESS	1					
CITY - ST - ZIP	ROYAL PALM BEACH FL		2.400	Y-ST-ZIP	]					
TITLE		☐ DELETE	3 1 TiY					Change	Addition	
NAME			3.2 NAI							
STREET ADDRESS				EET ADDRESS						
City-St-ZiP		DELETE	3.4 CIT	Y-ST-ZIP	<del> </del>			Change	Addition	
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STREET ADDRESS				eet address						
City-St-ziP				Y-\$T-ZIP						
Tille		☐ DELETE	5.1 TIT		<u> </u>			Change	Addition	
NAME			5.2 NA	AE .						
STREET ADDRESS			5.3 STF	EE1 ADDRESS						
CITY-ST-ZIP		The section		Y - ST - ZIP	<del> </del>		<u>-</u>	T 65	4.225	
TIT; F		☐ DELETE	6.1 TIT					☐ Change	Addition	
MAME			62 NA							
STREET ADDRESS				EET ADDRESS						
City - S1 - ZiP	by certify that the information supplied	The third flower states and as a		Y-ST-ZIP	l .	in Contine 110 07/3/i) Florido Stat	utoo I 6 wth o	- nortifu that		

4. I do heretry 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 of 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 15 if changed, or on an attachment with an address.

4/1/97 (561) 966-880