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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1808 W. INT'L BLVD.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H09756

(8)

Mailing Address 1808 W. INT'L BLVD.

JAD ENTERPRISES OF DAYTONA, INC.

FILED Feb 24 1997 8:00am Secretary of State

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1808 VOLUSIA AVENUE DAYTONA BEACH FL 32114 US		1808 VOLUSIA AVENUE DAYTONA REACH EL 3:	DAYTONA BEACH FL 32114-1248 US				
					3. Date Incorporated or Qualified 06/14/1984	3s. Date of Last Report 03/14/1996	
2. Principal P	lace of Business	2a, Mailing Address	2a, Mailing Address		4, FEI Number	Applied For	
21		26			59-2431685	Not Applicable	
Suite Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
				& Floating Companies Financing	\$5.00 May Be		
				6. Election Campaign Financing Trust Fund Contribution	Added to Fees		
<b>23</b> Ζφ	Country	Zip	Co	ountry	This corporation has liability for it		
24	25	29	30	•	Florida Statutes	Yes No	
<u></u>	9. Name and Address of (		1771		10. Name and Address of New Re-	latered Agent	
PALI	METTO CHARTER SERVICE	S. INC.		81 Name			
	MAGNOLIA AVE.	, ,, ,, ,,		80 00	DO Bar Mushar is Not Assessed	101	
	DAYTONA BEACH FL 32014			82 Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
( PAI	TOTAL DENOTITE GENTY			83			
İ							
				84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 60	07.0502 and 607 1508, Florida Sta	atutes, the	above-named corporation	pration submits this statement for the pon's board of directors. I hereby accep	urpose of changing its registered	
agent. Fa	registereo agent, or bom, in the am familiar with, and accept the	e obligations of, Section 607.0505	, Florida St	atules.	on's board of directors. Thereby accep	t the appointment as registered	
SIGNATURE		· ·	11.2				
Sicilyion	Signarore, typod or printed name of regist			red Agent signature require		DATE	
12.		RS AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFIC		
THEF	PST	DELETE	1.1	TITLE		☐ Change ☐ Addition	
NAME	DIETTE, JANE		1.2	NAME			
STHEFT ADDRESS	148 PINE CONE TRAIL		1.3	STREET ADDRESS			
CHY-ST-7IP	ORMOND BEACH FL			CITY-ST-ZIP	<u></u>		
TITLE	DVP	DELETE	2.1	TITLE		Change Addition	
NAME	DIETTE, MARK F.		2.2	NAME			
STHEET APORESS	12 BODINE AVE.		2.3	STREET ADDRESS			
CHY-ST-ZIP	GLADSTONE NJ			4 CITY - ST - ZIP			
TOTALE		☐ DELETE		TITLE		Change Addition	
NAME			32	NAME			
STREET ADORESS			33	STREET ADDRESS			
CITY-ST-ZIF				. CITY-ST-ZIP		Ohon I duam	
THILE		☐ DELETE		TITLE		Change Addition	
NAME				2 NAME			
SPREET ADDRESS			4.3	STREET ADDRESS			
CITY-ST-ZP				CITY-ST-ZIP			
TiffE		L DELETE		TITLE		Change Addition	
NAME			5.2	NAME			
STREET ADDRESS			5.3	STREET ADDRESS			
CITY+S1+ZIP				CITY-ST-ZIP			
Title		☐ DELETE		TITLE		Change Addition	
NAME			6.2	? NAME			
STREET ADDRESS			6.3	STREET ADDRESS			
CITY - S1 - ZIF				CITY-ST-ZIP			
14 Ldo hore	the cortify that the information s	consider with this filling does not a	ualify for th	ne exemption stated	in Section 119.07(3)(i). Florida Statute	s. I further certify that the	

1. If do nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(ii) rubida statutes. I fulfine certify that the information indicated on this annual period 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:

DIVED OR PRINTED NAME OF BIOMOST OFFICER OR DIRECTOR

2/17/97 255.

255-6624