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 # H13406

(4)

FILED Feb 11 1997 8:00am Secretary of State

NEWCO	JRT, INC.	• •][[]	
Principal Place	e of Business	Mailing Address			- I SODIAN BIOK HAND WAN BIRN DONA DAH	ANDII DIDII DIDII CIDII EIDII DIDII IDDI	
% ARNOLD R. DELORENZO 92 CHARLOTTE STREET ST. AUGUSTINE FL 32084		% ARNOLD R. DELORENZO 92 CHARLOTTE STREET ST. AUGUSTINE FL 32084-3647					
					3. Date Incorporated or Qualified 07/19/1984	3a, Date of Last Report 02/05/1996	
2, Principa P	lace of Business	2a, Mailing Address 26			4, FEI Number 59-2432615	Applied For Not Applical	
Suite, Apt	#, etc.	Suita, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	L			8. This corporation has liability for i		,
24	25 29 30 30 9. Name and Address of Current Registered Agent		30]		Florida Statutes 10. Name and Address of New Re	Yes No	
DEI /	ORENZO, ARNOLD R.	Blit Hogisteren Waert	81	Name	10. Hame and Address of New He	Bistoleti vilolit	
	CHARLOTTE STREET						
	AUGUSTINE FL 32084		82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
			83	11112			
			84	City		85 Zip Code	
11. Pursuant	to the provisions of Sections 607.08	502 and 607.1508, Florida Statute	es, the above	e-named corp	poration submits this statement for the p	ourpose of changing its register	ed
i	egistered agent, or both, in the Sta m familiar with, and accept the obli	to of Florida. Such change was a igations of, Section 607.0505, Flo	uthorized by orida Statutes	the corpora 3.	poration submits this statement for the patients to the patient of directors. I hereby acceptions	ot the appointment as registered	d
SIGNATURE	Significate hypical or printed name of registered a	agent and little if applicable. (NOTE	: Registered Age	ent signature requi	ired when reinstating)	DATE	
12.		ND DIRECTORS	13.	····	ADDITIONS/CHANGES TO OFFIC		
TILLE	PD DEI ODENZO ADMOLD B		1 1 TITLE			Change Addit	tion
NAME :	DELORENZO, ARNOLD R. 20 OCEAN WAY		1.2 NAME				ļ
OT ALBOHOTIME CI			1.3 STREET ADDRESS				
CITY-ST-ZIP	D D		1.4 CITY-ST-ZIP 2.1 TITLE			Change Addit	tion
NAME:	DELORENZO, DAVID A.		2.2 NAME			7,000 CJ 7,000	
STREET ADORESS	2381 STAFFORD RD		2.3 STREET ADDRESS				
CHY-ST-ZIP	THOUSAND OAKS CA		2. 4 CITY-ST-ZIP				Ì
TITLE	D	DELETE 3.				Change Addit	tion
NAME:	QUINNEY, THEODORE WJR.		3.2 NAME				Ì
STREET ADDRESS	703 POPE ROAD		3 3 STREET	ADDRESS			
CITY - S1 - ZIP	ST. AUGUSTINE FL		3.4. CITY - 9	ST-ZIP			
TITLE	D	☐ DELETE	DELETE 4.1 TITLE			☐ Change ☐ Addit	tion
MAME	DAVIS, CHARLES L.		4. 2 NAME				
STREET ADDRESS 279 ST. GEORGE STREET			4.3 STREET ADDRESS		•		
CHY-ST-ZiF	ST. AUGUSTINE FL			ST-ZIP			161 -
Titte'		DELETE	5.1 TITLE			L. Change L. Addi	ווסוו
NAME			5.2 NAME	1000000			
STREET ADDRESS			5.3 STREET				
CITY - ST - ZIP			5.4 CITY - S 6.1 TITLE	1-ZIP		Change Addit	tion
TITLE NAME		E DECLE	62 NAME			Per Augusto Per Vidos	,,,,,,,
STREET ADDRESS			63 STREET	AUUBESS			
D NECT MUDPESS]		og ginger	ADDIEGO			

6.4 CITY - ST-ZIP

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is upplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is upplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is upplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is upplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is upplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is upplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is upplied with the information is upp

SIGNATURE

Arnold R. Delorenzo