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 # H19552

(9)

JACOBSON & ASSOCIATES, INC.

\mathbf{F}	ILED
May 01	1997 8:00am
Secreta	ary of State



Principal Pr	Principal Place of Business Mailing			ling Address			- T TORNETH STATE HIGH LASES CHIEF BINNS HIGH BIRDS CHOST CHECK BIRDS CHIEF FEBR			
C/O KIRK DEWITT JACOBSON 11380 PROSPERITY FARMS RDSTE.213 PALM BEACH GARDENS FL 33410		11:	C/O KIRK DEWITT JACOBSON 11380 PROSPERITY FARMS RDSTE.213 PALM BEACH GARDENS FL 33410-3493							
					•		3. Date Incorporated or Qualified 09/05/1984		te of Last R)1/1996	eport
2. Principa	of Place of Business	2a.	Mailing Address				4. FEI Number		Ar	oplied For
21		26		 			59-2463862			ot Applicable
	pt#etc.	-	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & S	tristes	27	City & State	.			6 Floring Compaign Florening			
23	mato	28	Ony & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zιρ	Country	1201	Zip	Co	untry	····	8. This corporation has liability for			
24	25	29		30	_		Florida Statutes	Yes [] No	
	9. Name and Address of Cur	rent Regist	ered Agent	· · · · · · · · · · · · · · · · · · ·	<u> </u>		10. Name and Address of New R	egistered A	gent	
	ACOBSON, KIRK DEWITT				B1	Name				
11380 PROSPERITY FARMS RD.,#213					82 Street Address (P.O. Box Number is Not Ac			ible)		
P	'ALM BEACH GARDENS FL 3341	10								
					83					
					84	City			85 Zip	Code
						-	poration submits this statement for the	FL		
SIGNATUR	Signature, typod or ported name of registered				ed Age	nt signature requ	ired when reinstating)	DATE	0.05000	
12.	OFFICERS A	AND DIREC	DELETE	13.			ADDITIONS/CHANGES TO OFFI		Change	Additio
THILF	JACOBSON, KIRK DEWITT		T nerete	1	TILE			ı	Change	AQQRIU
NAME CANALA ADDRESS	44900 DDOCDEDITY EDILAG	213			NAME NAME	4000000				
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I do hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated 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 charteed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

X 4-2447 X 56/6441910

Date Dayline Proces