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

(8)DOCUMENT # **H34100** JPG ENTERPRISES, INC. Principal Place of Business Mailing Address 4061 ROYAL PALM BEACH BOULEVARD 4061 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411-9166 3. Date Incorporated or Qualified 3a. Date of Last Report 12/14/1984 04/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2474024 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zıp Country Ζiρ This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 🔲 No 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GEORGE, JOHN P. 4061 ROYAL PALM BCH BLVD 62 Street Address (P.O. Box Number is Not Acceptable) ROYAL PALM BEACH FL 33411 83 84 City 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. 5 gradure, typical or printed masks of registered agent and title if applicable (NOTE: Registered Agont signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE THTLE GEORGE, JOHN P. NAME 1.2 NAME 32E034 4061 ROYAL PALM BEACH BLVD. STREET ADDRESS 1.3 STREET ADDRESS **ROYAL PALM BEACH FL 33411** 1.4 CITY-ST-ZIP CHY-SI-ZIP Addition DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS CITY-SI-ZiP 2 4 CiTY-ST-ZIP DELETE Change Addition 31 TITLE THEF 3.2 NAME NAME 3.3 STREET ADDRESS SUREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST-ZIP DELETE 4.1 TITLE Change Addition THUE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - Ziff DELETE Change Addition THE 5.1 TITLE 5.2 NAME NAME STREET ADORESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP DITY-ST-7/P Change Addition DELETE 6.1 TITLE 1017 6.2 NAME NAME

6.3 STREET ADDRESS

It this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the plemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that proceed or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6 4 CITY - ST - ZIP

SIGNATURE:

14. I do hereby certify that the information supplied winformation indicated on this annual report or fup V an an officer or director of the corporation of the appears in Block 12 or Block 13 if changed, or of

STREET ADDRESS

CITY - ST-7IP

SIGNATURE AND TYPED OR PHINDED NAME OF SIGNING OFFICER OR DIRECTOR

hment with an address.

ar ollhakib

3/24/97 561.790-754

FILED

Apr 15 1997 8:00am

Secretary of State

Dayline Phone if

0305203