

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

FILED
May 18 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **H60188** (0)
1. Corporation Name
JACARANDA COMMERCIAL CORPORATION

| | |
|---|---|
| Principal Place of Business 1501 WATERFORD DR VENICE FL 34292 | Mailing Address 1501 WATERFORD DR VENICE FL 34292 |
|---|---|

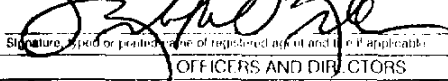


DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|---|--|
| 2. Principal Place of Business 21 395 Commercial Court Suite, Apt. #, etc. 22 Suite A City & State 23 Venice FL Zip 24 34292 Country 25 USA | | 2a. Mailing Address 26 395 Commercial Court Suite, Apt. #, etc. 27 Suite A City & State 28 Venice FL Zip 29 34292 Country 30 USA | | 3. Date Incorporated or Qualified 06/04/1985 | |
| | | 4. FEI Number 59-2536874 | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent MILLER, MICHAEL W. 1501 WATERFORD DR VENICE FL 34292 | | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 395 Commercial Court 83 Suite A 84 Venice FL 85 Zip Code 34292 | |

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 agree to the obligations of Section 607.0505, Florida Statutes.

SIGNATURE



4-29-98

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|---|---------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE PD | <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MILLER, MICHAEL W. | | 1.3 STREET ADDRESS 395 Commercial Court, Suite A | |
| STREET ADDRESS 1501 WATERFORD DR | | 1.4 CITY-ST-ZIP Venice, FL 34292 | |
| CITY-ST-ZIP VENICE FL | | 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VSD | <input type="checkbox"/> DELETE | 2.2 NAME 395 Commercial Court, Suite A | |
| NAME PARRISH, JAYNE E. | | 2.3 STREET ADDRESS Venice, FL 34292 | |
| STREET ADDRESS 1501 WATERFORD DR | | 2.4 CITY-ST-ZIP Vice President/DIRECTOR | <input checked="" type="checkbox"/> Addition |
| CITY-ST-ZIP VENICE FL 34292 | | 3.1 TITLE Timothy D. Miller | |
| TITLE <input type="checkbox"/> DELETE | | 3.2 NAME 395 Commercial Court, Suite A | |
| NAME <input type="checkbox"/> DELETE | | 3.3 STREET ADDRESS Venice, FL 34292 | |
| STREET ADDRESS <input type="checkbox"/> DELETE | | 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| CITY-ST-ZIP <input type="checkbox"/> DELETE | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE <input type="checkbox"/> DELETE | | 4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| CITY-ST-ZIP <input type="checkbox"/> DELETE | | | |

14. I hereby 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 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 changed, or on an attachment with an address.

SIGNATURE:



4-29-98 041-485-521-3

CR2E034 (10/97)