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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

(0)

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H&7913

Jicimis, Inc.

FILED

97 JUL 31 PM 1:29



SECNETALY OF STATE TALLAHASSEE, FLORIDA

Principal Place	of Business		Mailing /	Address 7.0	SIBOX	16008	\Box			
1580 1	S. Conqre	ess	We	est Palmi	هومدا	nFL				
Suite	100 Palm B		00.0	. 0	334	16-6008	}			
wes+	Palm Bo	each Fl	, 334	76	us		3. Date Incorporated or Qualified	3a. Date	of Last F	deport.
US							12/03/1086	10	1 1) iqq6
	ace of Business		2a. Mailir	ng Address			4. FEI Number		100	oplied For
21			26				59-2596045		 '	ot Applicable
Suite, Apt. #. etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22			27				5. Certificate of Status Desired	ы	Fee Ro	equired
City & State			City &	& State			6. Election Campaign Financing		\$5.00	May Be
23			28				Trust Fund Contribution			to Fees
Zip	Cou	ntry	Zip	-	. Country	/	8. This corporation has liability fo			199.032,
24	9. Name and Ad	drage of Comment	[29]		30		Florida Statutes	Yes 🔲		
	· · · · · · · · · · · · · · · · · · ·		Registered	Agent	81	Name	10. Name and Address of New F	egistered Age	ent	
<u>10</u> P	J L AN	tonas				I Marrie				
1280 North congress Avenue					82	82 Street Address (P.O. Box Number is Not Acceptable)				
suite 100					83					
		^ .			1 1					
ယ	est Palm	, Beach	, FL	33409	84	City		FL	85 Zip	Code
11. Pursuant to	o the provisions of S	ections 607 0502	and 607.150	8, Florida Statute:	s, the abov	e-named corpo	oration submits this statement for the on's board of directors. I hereby acci	purpose of ch	nanging il	ts registered
agent Lan	n f <u>amil</u> ar with and a	iccept the oblitati	of Section	on change was at ion 607.0505, Flor	itnonzed b ida Statute:	y trie corporatii s.	on's board of directors. I hereby acci	apt the appoint	lment as	registered
SIGNATURE	- CM	しんり	with	600				7124	147	L
	Signature, type i or printed r	ame of repistered agents			Registered Age	or I signature require		DATE	_\	
12.		OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OFF			
TITLE	POST.		•	DELETE	1.1 TITLE	Í		ليا	Change	☐ Addition
NAME	swearin	den 1900	5		1.2 NAME					
STREET ADDRESS	Swearin 1280 N.C West Pala	ongress	HUEN	iue Ne	1.3 STREET	ADDRESS	<i>x</i>	\$		
CITY-ST-ZIP	mest boru	u Beach	PL 3	\$ <i>\\</i> 04	14 CITY - S	I - ZIP	-			
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NAME					22 NAME	İ	100	5''		
STREET ADDRESS					2 3 STREET		\mathcal{D}			
CITY-ST-ZIP				DELETE	2 4 CITY-	ST-ZIP				
TITLE				☐ DELETE	3 1 1111.6				Change	Addition
NAME					3.2 NAM{					
STREET ADDRESS					3.3 STREET	ADDRESS				
CITY-ST-ZIP				Division .	3.4 CITY-5	ST - ZIP				
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NAME					4. 2 NAME	<u> </u>	700002 -08/0	さるデニオ	inoc.	
STREET ADDRESS					4.3 STREET		###### £10\. [1	165.00	ችስት ጥጥ 1 በጎጋርን	
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TITLE				DELETE	5.1 TITLE			Щ	Change	Addition
NAME					5.2 NAME					
STREET ADDRESS					5.3 STREET	ADDRESS				
CITY-ST-ZIP				T ASIESE	54 CITY - S	T-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE				DELETE	61 ITLE				Change	☐ Addition
NAME					6.2 NAME					
STREET ADDRESS					63 STREET	ADDRESS				
CITY - ST - ZIP					SAPITY S	7 710				

14. I do 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:

NAME OF SIGNING OFFICER OF DIRECTOR

7/24/91

561-689-1726



Div of Corporations/Annual Rep Florida Department of State P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir/Madame:

Our address has changed. We did not receive our annual reports. enclosed is a check for \$165.00. Sincerely,

John C. Swearingen