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

CITY-ST-ZIP

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

Apr 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 **DOCUMENT #** (3) JANCAR DEVELOPMENT, INC. Principal Place of Business Mailing Address % ANTHONY J. LASPADA % ANTHONY J. LASPADA 1802 N. MORGAN STREET 1802 N. MORGAN STREET DO NOT WRITE IN THIS SPACE **TAMPA FL 33602 TAMPA FL 33602** 3. Date Incorporated or Qualified 09/25/1986 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 450 Northmour Ave. N Suite, Apt. #, etc. 21 450 NORTHMOON Not Applicable 59-2775559 Suite, Apt. #, etc. \$8.75 Additional \square 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible USA Yes Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 LASPADA, ANTHONY J. 1802 N. MORGAN STREET Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** 83 84 City 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. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE 1.2 NAME NAME DENNIE, JANET 450 Northmar Ave N. 4400 10TH ST., NORTH 1.3 STREET ADDRESS STREET ADDRESS St Petersburg 11 33702 Change ST. PETERSBURG FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE DENNIE, MORGAN 22 NAME NAME 450 Northmour Ave N 4400 10TH ST., NORTH 2.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 2.4 CITY-ST-ZIP 33702 CITY-ST-ZIP Addition DELETE TITLE 3.1 TITLE NAME DENNIË ADAM P 3.2 NAME NORTHMOUR AVEN STREET ADDRESS 4400 10TH ST N 3.3 STREET ADDRESS ST PETERSBURG FL 3 4. City-St-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

FILED

Addition

Addition

Change

6.4 CITY-ST-ZIP 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.

4.4 CITY - ST- ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 City-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

How 13 1994 (813) 522 2381 SIGNATURE: