


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

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Apr 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # J41594 (9)</b> 1. Corporation Name <b>JPJ ASSOCIATES, INC.</b>					
Principal Place of Business <b>3487 S E CAMBRIDGE DR</b> <b>STUART FL 34997</b> <b>US</b>			Mailing Address <b>3487 S E CAMBRIDGE DR</b> <b>STUART FL 34997-5845</b> <b>US</b>		



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 <b>3744 S.E. Doubleton Dr.</b> City & State 23 <b>Stuart, FL</b> Zip Country 24 <b>34997</b> 25		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 <b>3744 S.E. Doubleton Dr.</b> City & State 28 <b>Stuart, FL</b> Zip Country 29 <b>34997</b> 30		<b>3. Date Incorporated or Qualified</b> <b>10/24/1986</b>		<b>3a. Date of Last Report</b> <b>03/26/1996</b>	
<b>4. FEI Number</b> <b>65-0228031</b>				Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>			
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>9. Name and Address of Current Registered Agent</b> <b>MILLER, HAROLD</b> <b>3487 S E CAMBRIDGE DR</b> <b>STUART FL 34997</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD <b>MILLER, HAROLD</b> <b>3487 S.E. CAMBRIDGE DR.</b> <b>STUART FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>3744 S.E. Doubleton Dr</b> <b>STUART, FL 34997</b>
2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VS <b>MILLER, ANNE</b> <b>3487 S E CAMBRIDGE EAST</b> <b>STUART FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>3744 S.E. Doubleton Dr.</b> <b>STUART, FL 34997</b>
3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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:  DATE: **3/25/97** TELEPHONE: **407-723-9381**

CR2E034 (9/96)