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CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J444

(2)

FILED Apr 11 1997 8:00am Secretary of State

JAYNOR, INC. Principal Place of Business Mailing Address 955 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334-3209								
					3. Date Incorporated or Qualified 12/15/1986	3a. Dat	e of Las 6/199	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	1 01/0		Applied For
21		26			59-2739560		<u> </u>	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Regulred
City & Stat 23	le	City & State			Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip	Gountry 25	Zip 29	30	intry	This corporation has liability for Florida Statutes	intangible t	ax unde	r s. 199.032,
24	9. Name and Address of Current		[30]	T	10. Name and Address of New Ro			
PΩ	UCHER, NORMA J.		***************************************	81 Name				
955	E. COMMERCIAL BLVD. LAUDERDALE FL 33334			82 Street Add	Iress (P.O. Box Number is Not Accepta	ble)		
L1.	LAUDENDALE I'L 00007			83		·		
			ļ	84 City		FL	85 Z	ip Code
office or agent La	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change wations of, Section 607.0505	latutes, the al vas authorize 5, Florida Stat	bove-named corp d by the corpora tutes.	poration submits this statement for the ation's board of directors. I hereby acce	pl the appo	intment	as registered
office or lagent La SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation Signature, typed or profession or registered agor OFFICERS ANE	nt and title if applicable.		d by the corpora tutes.	poration submits this statement for the ation's board of directors. I hereby acce ared when reinstating! ADDITIONS/CHANGES TO OFFI	DATE		
SIGNATURE	Signature, typed or peak of name of registered agor OFFICERS AND	nt and title if applicable.	(NOTE: Registere	d Agent signature requi	uired when reinstaling)	DATE CERS AND		
SIGNATURE 12. TILLE NAME	Signature, lighed or part of name of registered agor OFFICERS AND PTD POUCHER, NORMA J.	nt and title if applicable. DIRECTORS	(NOTE Registerer 13. 1.1 TI	d Agent signature requi	uired when reinstaling)	DATE CERS AND	DIRECT	ORS IN 12 je Addition
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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 addings.