

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

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Mar 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J95965 (6)  
1. Corporation Name  
JARIEL, INC.

Principal Place of Business Mailing Address  
304 S. PORT ROYAL LANE 304 S. PORT ROYAL LANE  
APOLLO BCH. FL 33572 APOLLO BCH. FL 33572-2213  
US US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/02/1987	05/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2855865	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
SHENEBECK, JANN 1003 #7 APOLLO BCH BLVD APOLLO BCH. FL 33572				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHENEBECK, JANN 1003 #7 APOLLO BCH BLVD APOLLO BCH. FL 33572		81 Name	
		82 Street Address (P.O. Box Number Not Acceptable)	
		304 S. Port Royal Lane	
		83	
		84 City	
		APOLLO BCH FL	
		85 Zip Code	
		33572	

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	
TITLE	VP	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	TORNERO, RICHARD	1.2 NAME	304 S. Port Royal Lane
STREET ADDRESS	1003 APOLLO BCH BLD., APT.7	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BCH. FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	EDINGER, ELLEN	2.2 NAME	304 S Port Royal Lane
STREET ADDRESS	1003 APOLLO BCH BLD., APT.7	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BCH. FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	SHENEBECK, JANN	3.2 NAME	304 S Port Royal Lane
STREET ADDRESS	1003 APOLLO BCH BLD., APT.7	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BCH. FL 33572	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Jann Shenebeck Date: 3/23/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 301-733-1020

CR2E034 (9/96)