

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

FILED
May 01 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 # K51130 (8)
1. Corporation Name
J & E-M.A.C., INC.



Principal Place of Business Mailing Address
1025 COUNTY ROAD 17 NORTH 1025 COUNTY ROAD 17 NORTH
LAKE PLACID FL 33852 LAKE PLACID FL 33852-5629

3. Date Incorporated or Qualified 12/13/1988	3a. Date of Last Report 04/08/1996
4. FEI Number 59-2920182	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

SMOAK, EDWARD L.
1025 COUNTRY ROAD 17 NORTH
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOAK, JOHN F., JR.	1.2 NAME	
STREET ADDRESS	1025 COUNTY RD. 17 NORTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PLACID FL 33852	1.4 CITY - ST - ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOAK, EDWARD L.	2.2 NAME	
STREET ADDRESS	1025 COUNTY RD. 17 NORTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PLACID FL 33852	2.4 CITY - ST - ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOAK, EDWARD L.	3.2 NAME	
STREET ADDRESS	1025 COUNTY RD. 17 NORTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PLACID FL 33852	3.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EURES, LEIGH S.	4.2 NAME	
STREET ADDRESS	1025 COUNTY RD. 17 NORTH	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PLACID FL 33852	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *John F. Smoak, Jr.* John F. Smoak, Jr. 941-465-2561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

Daytime Phone #

0389776

CP2E034 (9/96)