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

PROFIT .CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K62959

Country

9. Name and Address of Current Registered Agent

25

2a. Mailing Address

City & State

 $Z_{\rm ID}$

Suite, Apt. #, etc.

JVS ENTERPRISES, INC.

2. Principal Place of Business

TROUPE, JAMES

Sulte, Apt. #, etc.

City & State

23

24

NAME

TITLE

NAME

TITLE

NAME

TITL F

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-\$1-ZIP

Zip

316 KLOSTERMAN ROAD PALM HARBOR FL 34883-1027

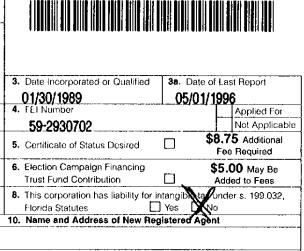
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FILED
Apr 28 1997 8:00am
Secretary of State



(96/6)

316 KLÖSTERMAN ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 83 84 City 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's gnature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELFTE Change Addition 1: 1111.6 NAME TROUPE, JAMES 1.2 NAME STREET ADDRESS 316 KLOSTERMAN ROAD 1.3 STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 1.4 CITY - ST - ZIP DELETE TITLE 2: TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition

3.2 NAME

4.1 TILE

4. 2 NAME

5.1 TITLE

5.2 NAME

611006

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY+ST-ZIP

4.4 CITY-ST-ZIP

3.4 CITY - ST- ZIP

Country

81

30

CITY-ST-ZIP 64 CHY+S1-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 eport or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the conjugation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or director of the co appears in Block 12 or Block 13 if iged, or on an attachment with an address.

☐ Change

Change

Change

Addition

Addition

Addition