

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

FILED  
Jan 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **K78752** (8)  
1. Corporation Name  
**JANE SCRIMA, INC.**



Principal Place of Business  
**970 SUNSHINE LANE  
STE H  
ALTAMONTE SPRINGS FL 32714  
US**

Mailing Address  
**POST OFFICE BOX 1723  
WINTER PARK FL 32790  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>1255 Belle Ave</b>		26 <b>SM B</b>		<b>03/29/1989</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 <b># 134</b>		27		<b>59-2944432</b>	
City & State		City & State		Applied For	
23 <b>Winter Springs FL</b>		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>3270 B</b>		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25 <b>U.S.</b>		30			

9. Name and Address of Current Registered Agent

**POLLOCK, DAVID A.  
58 S. MANHOE BLVD.  
ORLANDO FL 32804**

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	<b>PD</b>	11 TITLE	<b>PD</b>
NAME	<b>SCRIMA, JANE</b>	12 NAME	<b>Anthony Scrima</b>
STREET ADDRESS	<b>1321 CHICHESTER DR.</b>	13 STREET ADDRESS	<b>911 OSCEOLA AVE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	14 CITY-ST-ZIP	<b>Winter Park, FL 32789</b>
TITLE	<b>ST</b>	21 TITLE	
NAME	<b>SCRIMA, ANTHONY</b>	22 NAME	
STREET ADDRESS	<b>911 OSCEOLA AVE.</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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 in an attachment with a address.

CR2E034 (10/97)