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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K81027** **(0)**

1. Corporation Name

JGS HOLDING CORP.

Principal Place of Business	Mailing Address
C/O PAUL B. ERICKSON 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480	C/O PAUL B. ERICKSON 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480

3. Date Incorporated or Qualified: **04/10/1989**
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business	2a. Mailing Address
21 c/o M. TIMOTHY HANLON	26 c/o M. TIMOTHY HANLON
Suite, Apt. #, etc. 22 321 ROYAL POINCIANA PLAZA	Suite, Apt. #, etc. 27 321 ROYAL POINCIANA PLAZA
City & State 23 PALM BEACH FL	City & State 28 PALM BEACH FL
Zip 24 33480 Country 25	Zip 29 33480 Country 30

4. FEI Number: **65-0113551** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HANLON, M. TIMOTHY
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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 filing registered agent and title, if applicable. (NOTE: Registered Agent signature required when changing registered office address.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	SHEPPARD-DALY, CAROL JANE		12 NAME	
STREET ADDRESS	15 KINGSWAY BLVD.		13 STREET ADDRESS	
CITY-ST-ZIP	GRIMSBY ONT CA		14 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SHEPPARD, GAVIN WOOD		22 NAME	
STREET ADDRESS	3194 LANSONN DR.		23 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON ONT. CA		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: G.W. Sheppard G. W. Sheppard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 FEB 96 (905) 548-4888
Date Daytime Phone #