
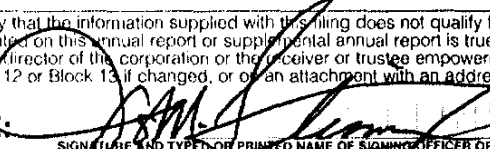


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 25 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 # <b>K85353</b> (6)			
1. Corporation Name <b>JAYMARK EXPRESS, INC.</b>			
Principal Place of Business <b>C/O JAY M. FLEMING 1401 SW 8TH STREET POMPANO BEACH FL 33069 US</b>		Mailing Address <b>C/O JAY M. FLEMING 1401 SW 8TH STREET POMPANO BEACH FL 33069-4511 US</b>	
2. Principal Place of Business 21 <b>Jaymark Express</b> Suite, Apt. #, etc. 22 <b>1401 SW 8TH STREET</b> City & State 23 <b>Pompano Beach Fla</b> Zip Country 24 <b>33069</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>1401 SW 8TH STREET</b> Suite, Apt. #, etc. 27 City & State 28 <b>Pompano Beach Fla</b> Zip Country 29 <b>33069</b> 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>FLEMING, JAY M. 8157 N.W. 67TH AVENUE TAMARAC FL 33321</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	
NAME	<b>FLEMING, JAY M.</b>		
STREET ADDRESS	<b>8157 N.W. 67TH AVE.</b>		
CITY - ST - ZIP	<b>TAMARAC FL</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	
NAME	<b>EVANSEN, MARK J.</b>		
STREET ADDRESS	<b>3821 NW 94TH WAY</b>		
CITY - ST - ZIP	<b>SUNRISE FL</b>		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
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:  <b>Jay Fleming</b> 4/21/97 (954) 782-6560			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)