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CORPORATION



FLORIDA DEPARTMENT OF STATE

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Apr 18 1997 8:00am

ANNUAL REPORT 1997			Secretary of State DIVISION OF CORPORATIONS			Secretary of State		
DOCUN 1. Corporation	MENT # K	94765	(O)				Ö lüğiş Biğiş Gıbiş Gibir Gib	dia sadar (Sa)
Principal Place of Business Mailing Address 3118 GULF TO BAY BOULEVARD JSM INC								
SUITE *** / CLEARWATER US	0-5 FL 34619		12 CLEARWATER MALL 350 CLEARWATER FL 34824-7301 US			3. Date Incorporated or Qualified 06/12/1989	3a. Date of Last 03/06/1996	
2. Principal Pl	ace of Business	26. ¹	Mailing Address			4. FEI Number 65-0121809		Applied For Not Applicable
Suite, Apt	#, etc	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Regulred
City & State)		City & State	······································	, 11	Election Campaign Financing Trust Fund Contribution	\$5.0	O May Be
Zip 24	Cour 25		Zip	Country 30		8. This corporation has liability for	intangible tax unde Yes \ \ No	r s. 199.032,
	 Name and Add SLIN, JENNIFER K. 	ress of Current Registe	ered Agent	81	Name	10. Name and Address of New Re	glatered Agent	
BLD: CLE) Pearce DR G 14 Unit 311 Arwater FL 3462			82 83 84	City	ress (P.O. Box Number is Not Acceptab	FL 85 Z	ip Code
office or n agent. La SIGNATURE		ictions 607,0502 and 50. 1th, in the State of Florida coept the obligations of,				poration submits this statement for the pation's board of directors. I hereby acceptions with the patient of th	ot the appointment	as registered
12.		OFFICERS AND DIRECT		13.	in organizaci rodo	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE NAME STREET ADDRESS		BLDG 14 UNIT 311	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS		Chang	ge 🔲 Addition
CITY-ST-ZIP	CLEARWATER FL		DELETE	1.4 CITY - S 2.1 TITLE	T-ZIP		Chang	ne [Addition
NAME STREET ADDRESS	BRESUN, RICHAI 2650 PEARCE DE	R BLDG 14 UNIT 311	- DILLET	2.2 NAME 2.3 STREET	address		Chang	le [7] Monitoli
CITY - S1 - ZIP TITLE	CLEARWATER FL	<u> </u>	DELETE	2.4 CITY-5 3.1 TITLE	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Chang	e Addition
NAME STREET ADDRESS				3.2 NAME 3.3 STREET	1			
CITY-ST-ZIP TIFLE NAME			DELETE	3.4. CITY - S 4.1 TITLE 4.2 NAME	ST-ZIP		Chang	ge Addition
STREET ADDRESS CITY - ST - ZIP				4.3 STREET 4.4 CITY-S				
TITLE NAME			☐ DELETE	5.1 TITLE 5.2 NAME			Chang	e Addition
STREET ADDRESS CITY-ST-ZIP			Driege	5.3 STREET 5.4 CITY-S		· · · · · · · · · · · · · · · · · · ·	Char	44.00
NAME STREET ADDRESS			☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET			[_] Chang	ge [] Addition
CITY-ST-ZIP 14. I do heret informatio I am an o appears i	by certify that the inform indicated on this an fficer or director of the Block 12 or Block 1:	mation supplied with this nual report or suppleme a corporation of the rece 3 if charged, of on an at	s filing does not qua ntal annual report is you or trustee empo againment with an a	64 CITY-S alify for the exe s true and accu- owered to executed ddress.	motion state	d in Section 119.07(3)(i), Florida Statute it my signature shall have the same lega rit as required by Chapter 607, Florida S	s. I further certify that effect as if made statutes; and that m	nat the under oath; that ny name