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FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K94765 (0)
1. Corporation Name
JSM INCORPORATED

Principal Place of Business 3118 GULF TO BAY BOULEVARD SUITE 201 CLEARWATER FL 34619 US	Mailing Address JSM INC 12 CLEARWATER MALL 350 CLEARWATER FL 04684 33764 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1120 Virginia Ave Suite, Apt. #, etc. 22 City & State Palm Harbor Fla 23 Zip 34683 Country USA		2a. Mailing Address 26 Same ↑ Suite, Apt. #, etc. 27 City & State Palm Harbor Fla 28 Zip 33764 Country USA		3. Date Incorporated or Qualified 06/12/1989	
24 34683		25 USA		29 33764	
9. Name and Address of Current Registered Agent BRESLIN, JENNIFER K. 2850 PEARCE DR BLDG 14 UNIT 311 CLEARWATER FL 34624		10. Name and Address of New Registered Agent 81 Name Same 82 Street Address (P.O. Box Number is Not Acceptable) 1120 Virginia Ave 83 84 City Palm Harbor FL 85 Zip Code 34683			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRESLIN, JENNIFER K 2850 PEARCE DR BLDG 14 UNIT 311 CLEARWATER FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	1120 VA. Ave Palm Harbor Fla 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRESLIN, RICHARD A. 2850 PEARCE DR BLDG 14 UNIT 311 CLEARWATER FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	1120 VA Ave Palm Harbor Fla 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 on an attachment with address.

SIGNATURE: Richard A. Breslin VP 2-15-98 813-772-1140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0858200

CR2E034 (10/97)