

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

FILED  
Apr 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #**

1. Corporation Name

Jocari Corporation

W96734

Principal Place of Business

Mailing Address

7100 S.W. GATOR TRAIL  
PALM CITY, Florida 34990

2. Principal Place of Business	2a. Mailing Address
21 7100 S.W. GATOR TRAIL	26 7100 S.W. GATOR TRAIL
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State PALM CITY	28 City & State PALM CITY
24 Zip 34990	29 Zip 34990
25 Country Martin	30 Country Martin

3. Date Incorporated or Qualified 6/19/89	3a. Date of Last Report 6/14/96
4. FEI Number 65-0150486	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Eugene Underberg  
521 LAKE AVE  
LAKE WORTH, FLA 33460

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

4/21/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	Richard J. Jones	1.2 NAME	
STREET ADDRESS	7100 S.W. GATOR TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FLA 34990	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	DST CAROL JONES	2.2 NAME	
STREET ADDRESS	7100 S.W. GATOR TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FLA 34990	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	LS Eugene Underberg	3.2 NAME	
STREET ADDRESS	521 LAKE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FLA 33460	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4/23/97

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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:

(Signature and typed or printed name of signing officer or director)

Richard J. Jones

4/21/97

Date

561-439-8178

Daytime Phone #

CR2E034 (9/96)