

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # L05864 (8)

1. Corporation Name

JSX, INC.

Principal Place of Business

9100 S. DADELAND BLVD.  
SUITE 901  
MIAMI FL 33156

Mailing Address

9100 S. DADELAND BLVD.  
SUITE 901  
MIAMI FL 33156

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 16 PM 3:33

DO NOT WRITE IN THIS SPACE.

|                                |  |                     |  |                                                                                                                                                                |  |                                       |  |
|--------------------------------|--|---------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified<br>08/01/1989                                                                                                                |  | 3a. Date of Last Report<br>02/18/1994 |  |
| 21                             |  | 2a                  |  | 4. FEI Number<br>65-0136316                                                                                                                                    |  | Applied For<br>Not Applicable         |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                      |  | \$8.75 Additional Fee Required        |  |
| 22                             |  | 27                  |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                             |  | \$5.00 May Be Added to Fees           |  |
| City & State                   |  | City & State        |  | 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |  |
| 23                             |  | 28                  |  |                                                                                                                                                                |  |                                       |  |
| Zip                            |  | Country             |  | 29                                                                                                                                                             |  | 30                                    |  |
| 24                             |  | 25                  |  |                                                                                                                                                                |  |                                       |  |

9. Name and Address of Current Registered Agent

STOCKHAUSEN, JOHN  
8708 SW 55TH ST.  
PUNTA GORDA FL 33950

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 fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D                 | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | STOCKHAUSEN, JOHN | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 8708 SW 55TH ST.  | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | FT LAUDERDALE FL  | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | D                 | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | STOCKHAUSEN, JEAN | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 8708 SW 55TH ST.  | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | FT LAUDERDALE FL  | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                   | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                   | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                   | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                   | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                   | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                   | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                   | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                   | 6.4 CITY - ST - ZIP                                   |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption titled in Section 110.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John H. Stockhausen  
JOHN H. STOCKHAUSEN

2/13/95 305-680-9555