

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L70767 (3)</b> 1. Corporation Name <b>J L S ENTERPRISES, INC.</b>			
Principal Place of Business <b>11471 W SAMPLE RD 28 CORAL SPGS FL 33065 US</b>		Mailing Address <b>11471 W SAMPLE RD 28 CORAL SPGS FL 33065 US</b>	
2. Principal Place of Business <b>21 7544 Wiles Road Suite, Apt. #, etc. 22 Suite 202 City &amp; State 23 Coral Springs Zip 24 33067</b>		2a. Mailing Address <b>26 7544 Wiles Road Suite, Apt. #, etc. 27 Suite 202 City &amp; State 28 Coral Springs Zip 29 33067</b>	
3. Name and Address of Current Registered Agent <b>ROBERTSON, JAMES W. 5725 NW 100TH TERR CORAL SPRINGS FL 33076</b>		3a. Date of Last Report <b>04/19/1996</b>	
3. Date incorporated or Qualified <b>05/04/1990</b>		3a. Date of Last Report <b>04/19/1996</b>	
4. FEI Number <b>65-0194316</b>		Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85 Zip Code	
FL			
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			
12. OFFICERS AND DIRECTORS			
TITLE	PTD	<input type="checkbox"/> DELETE	
NAME	ROBERTSON, JAMES W.		
STREET ADDRESS	11471 W SAMPLE RD SUITE 28		
CITY-ST-ZIP	CORAL SPGS FL		
TITLE	VSD	<input type="checkbox"/> DELETE	
NAME	ROBERTSON, LINDA C.		
STREET ADDRESS	11471 W SAMPLE RD SUITE 28		
CITY-ST-ZIP	CORAL SPGS FL		
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			
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			



DO NOT WRITE IN THIS SPACE

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 or changed on an attachment with an address.

SIGNATURE

7/19/97 954-341-5812

CR2E034 (4/97)