

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L70870 (5)

1. Corporation Name

JENSEN BEACH REAL ESTATE, INC.



Principal Place of Business

Mailing Address

1848 NE JENSEN BEACH BLVD
JENSEN BEACH FL 34990
US

1848 NE JENSEN BEACH BLVD
JENSEN BEACH FL 34957
US

3. Date Incorporated or Qualified
05/07/1990

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0196632

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, JOAN C.
4267 SE QUINTON AVE
STUART FL 34997

81 Name DAVID K RHODA
82 Street Address (P.O. Box Number is Not Acceptable)
610 FLAMINGO
83
84 City STUART FL 85 Zip Code 34996

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 not accepting the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

DAVID K. RHODA

(Not a Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST	☒ DELETE
NAME	LEE, JOAN C.	
STREET ADDRESS	4267 SE QUINTON AVE	
CITY-ST-ZIP	STUART FL	
TITLE	V	☒ DELETE
NAME	LEE, JOAN C.	
STREET ADDRESS	4267 SE QUINTON AVE	
CITY-ST-ZIP	STUART FL	
TITLE	DAVID K RHODA (V.P.)	☒ DELETE
NAME	DAVID K RHODA	
STREET ADDRESS	610 FLAMINGO	
CITY-ST-ZIP	STUART FL 34996	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	☒ Change ☐ Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	☐ Change ☒ Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	☐ Change ☐ Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	☐ Change ☐ Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 file this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DAVID K RHODA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, OR TRUSTEE

DATE

Daytime Phone #

561-334-0155

CR2E034 (3/96)