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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L84125

34125 (8)

JEN-MAR PROPERTIES, INC.

FILED Apr 29 1997 8:00am Secretary of State



Principal Place of Business 2440 OAK DRIVE LONGWOOD FL 32779		Maili	Mailing Address 2440 OAK DRIVE LONGWOOD FL 32779-4748			f samerbar ann antie mande binan ceant n	f tembindut den antit esder biene sandt eins diest eilet eilet diest diest diest		
US		US				3. Date Incorporated or Qualified 06/27/1990	3a. Date of Last F 05/01/1998	leport	
2. Principal	Piace of Business	2a. N	Mailing Address			4. FEI Number	Lunder l	pplied For	
21		26				59-3020097	N	ot Applicable	
Suite, Ap	it.#, etc.	27 S	Suite, Apt. #, etc.			5. Certificate of Status Desired	¥	Additional equired	
City & St	ate		City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution		to Fees	
Zφ	Country	Z	ip.	Coun	lry	8. This corporation has liability for		s. 199.032,	
24	25	29	······	30			Yes No		
	9. Name and Address of Cu	irrent Registe	red Agent		1 Name	10. Name and Address of New F	legistered Agent		
24 LO	OLDBERG, INGRID 40 OAK DRIVE INGWOOD FL 32779	0700	1100 Carala O	1	i3 I4 City	Goldberg, Ingr Address (P.O. Box Number is Not Accept one Douglas P1 118 W. Orange Altemonte Sprg	ace, suite street s FL 3271	Code 4	
office o agent 1	r registored agent, or both, in the S I am familiar with, and accept the o	10502 and 607 State of Florida obligations of, \$. 1508, Florida Sta Such change wi Section 607.0505,	atutes, the abi as authorized , Florida Statu	by the corples.	corporation submits this statement for the coration's board of directors. I hereby acc	ept the appointment as	registered	
SIGNATURE	Stronature: typied of printed name of register	agent and title if a	applicable (I	NOTE: Registered	Agent Bignature	required when reinstating)	DATE		
12.	OFFICERS	AND DIRECT	ORS ,	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 12	
TILE	PS		DELETE	1.1 TITL	E	PIV.T.S.	Change	Addition	
NAME	VAN DUYVENBODE, JOHAI	N		1,2 NAA	E έ		rtin		
STREET ACIDRES				1.3 STR	ET ADDRESS	van Duyvenbode, Ma 2440 Oak drive			
CHTY - ST - ZIF	LONGWOOD FL 32779			1.4 CH1	- \$T - ZIP	Longwood, F1. 3277	9		
TITLE	T		☐ DELETE	21 TITE	E		Change	Addition	
NAME	VAN DUYVENBODE, MARTI	1N		2.2 NAM	IE		*		
STREET ADDRESS				2.3 STR	ET ADDRESS				
CFTY - \$1 - 7IP	LONGWOOD FL 32779			2. 4 СП	Y-ST-ZIP				
TITLE			DELETE	3.1 TITL	E		Change	Additio	
NAME				3.2 NAM	ŧΕ ,				
STREET ADDRESS	s			3.3 STR	ET ADDRESS	İ			
CITY-ST-ZIP				3.4. CIT	Y-ST-ZIP				
TITLE			☐ DELETE	4,1 TITL			☐ Change	Additio	
NAME				4, 2 NA	AE .		•		
STREET ADDRESS	s [f	ET ADDRESS				
City -S1-7iP					-ST-ZIP				
THE	-		DELETE	5 1 TITL			Change	Addition	
NAME				5 2 NAS					
STREET ADDRESS	.e				eet address				
CITY - ST-76	"				-ST-ZIP				
							Change	Addition	
			DELETE	■ 61 TIT	E 1		I I Olignus		
TOLE			DELETE	6.1 TITU 6.2 NAS	ļ		L Change	L. Addition	
TITLE NAMÉ			DELETE	6.2 NA	lE		L Change	<u></u>	
TOLE	S		DELETE	6.2 NAM 6.3 STR	ļ				

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 an 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 attackment with an address.

SIGNATURE:

SIGNATURE AND TYPES OR CHINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytime Phone (

syteme ensone #