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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

L91051 DOCUMENT #

1. Corporation Name

(7)

J. A. C. VENTURES, INC.

Principal Place of Business Mailing Address 4270 ALOMA AVE #124. SUITE 67A 4270 ALOMA AVE WINTER PARK FL 32792 WINTER PARK FL				#1 11#1 #1#11 #1#11 mint	
4270 ALOMA AVE #124. SUITE 67A 4270 ALOMA AVE					
WHITE PART IE DEIDE		E 67A			
			3. Date Incorporated or Qualified 07/30/1990	3a. Date of Last I 03/16/	1995
Principal Place of Business 2a. Mailing Address					Applied For
26			31-1304159	60.7	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	, 600.		5. Certificate of Status Desired	Ll Fee	5 Additional Required
City & State City & State 28			Election Campaign Financing Trust Fund Contribution	Ll Add	DO May Be ed to Fees
Zip Country Zip		untry	8. This corporation has liability for intangible tax under s 199.032,		
25 29	30		Florida Statutes Yes No 10, Name and Address of New Registered Agent		
g. Name and Address of Current Registered Agent		81 Name	10. Name and Address of New A	egistered Agent	
CASSELL, JAMES A. 4270 ALOMA AVE #124 WINTER PARK FL 32792		82 Street Addre	ress (P.O. Box Number is Not Acceptable)		
		83			
					7.0.7
		84 City		FL 85	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stor registered agent, or both, in the State of Florida. Such change was authorized from the first state of Section 607.0505, Florida State SIGNATURE Signature, typed or printed name of registered agont and title if applicable.	utes.	corporation's board diagnature required	o of directions. This est, decopy was exp	S12/96 DATE	er agent. I am
Signature,); ped or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	ORS IN 12
TITLE P DELETE	1.1	TITLE		☐ Chang	e 🔲 Addition
NAME CASSELL, JAMES A.	1.23	NAME			
STREET ADDRESS 4270 ALOMA AVE #124	1.3 5	STREET ADDRESS			
CITY-ST-ZIP WINTER PARK, FL 32789	1.4 (DITY-ST-ZIP		Chang	e Addition
ULE DEFELE		TITLE		[] Chang	, L vogilion
NAME	4	NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP DELETE		CITY - ST - ZIP TITLE		☐ Chang	e 🔲 Addition
		NAME			
NAME	B.	STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	3.4	CITY - \$1 - ZIP			
TITLE DELETE	4. 1	TITLE		☐ Chang	e 🔲 Addition
NAME	4.2	NAME			
STREET ADDRESS	4.3	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		Chang	pe [7] Addition
TITLE DELETE	1	TITLE		C Outsily	ie D Addition
NAME		NAME			
STREET ADDRESS	1	STREET ADDRESS			
CITY-ST-ZIP DELETE		City-ST-ZIP TITLE		☐ Chan	ge Addition
		NAME			
NAME		STREET ADDRESS			
STREET ADDRESS	6.4	CITY - ST - 7/P			
CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily certify that the information indicated on this annual report or supplementation.	. f	d doos not suslify	for the exemption stated in Section 119	9.07(3)(k), Florida St	ututes. I further