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

SIGNATURE

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State . . FILED DIVISION OF CORPORATIONS 1997 JUN 26 PH 3: 19 DOCUMENT # 93463 SECRETARY OF STATE TALLAHASSEE, FLORIDA Jaypen, Inc. Principal Place of Business 934 Camden Avenue Home Palm Bay, FL 32907 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied For 59-3021663 Not Applicable 26 Suite, Ant #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. Yes 🔀 No 24 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AL Miller & Associates 81 82 Melbourne, FL 32905 83 84 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. Thereby accept the appointment as registered agent. I am Lemilar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE egistered agent and titic if applicable (NOTE: Registered Agent signature Løben reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 1016 DELETE 11300 ☐ Change Addition 1.2 NAME NAM STREET ADDRESS 1.3 STREET ADDRESS 1.4 C(1Y - ST - Z)P CITY-ST-ZIF 300002229003--2 -07/02/97--01060°-062\*\*\*\* DLLETE TITLE 2 1 TILLE 2.2 NAME NAME \*\*\*\*165.00 \*\*\*\*165,00 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 2 4 CITY - ST- 7P DELITE Change TITLE 3.1 1011 Addition 3.2 NAME STREET ADDRESS 3 3 STHLET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIF DELETE Change Addition TITLE 4 1 THLI 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS C/TY - S1 - Z(F) 4.4.CITY - ST - ZIP DELETE THLE 5.11/110 Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CHY-\$1-ZIP DELLETE Change Addition TITLE 61 I:IIE NAME 6.2 NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 nath, that Tam 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 1211 thanged, or on an attachment with an address.

GNATURE: 

(407)951-4/44