

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
1997



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

DOCUMENT # L95302 (0)

1. Corporation Name

JERID, INC.

Principal Place of Business

Mailing Address

737 N POWERLINE RD
DEERFIELD BEACH FL 33442

737 N POWERLINE RD
DEERFIELD BEACH FL 33442

97 AUG 25 PM 12:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA



3. Date Incorporated or Qualified 08/22/1990	3a. Date of Last Report 05/20/1996
4. FEI Number 65-0221957	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. BOX 4348
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 FALLS CHURCH, VIRGINIA
24 Zip	29 22044
25 Country	30 Country

9. Name and Address of Current Registered Agent

SCHUMER BARBARA J.
737 N POWERLINE RD
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, DAVID A.	1.2 NAME	
STREET ADDRESS	P.O. BOX 4348 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	FALLS CHURCH VA	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMER BARBARA J.	2.2 NAME	
STREET ADDRESS	737 NORTH POWERLINE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH., FL 33442	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, SUZANNE S.	3.2 NAME	
STREET ADDRESS	P.O. BOX 4348 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	FALLS CHURCH VA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 execute 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 A. JOSEPH, PRESIDENT 8/20/97 (703) 578-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)

6

JERID, INC.

P.O. BOX 4348
FALLS CHURCH, VIRGINIA 22044

(703) 578-0022
FAX (703) 578-3631

August 20, 1997

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Gentlepersons:

Approximately two months ago, I called the Division of Corporations to express concern that we had not received the 1997 Annual Report form. I was advised to call back and follow the instructions of the automatic system for sending the forms to existing companies. I did as instructed, giving all the information requested, but never received the forms.

Today I called again, and the very helpful person with whom I spoke, suggested that I modify the second notice form that I still have from last year, and submit it together with the annual fee to the above address.

I wish to assure you that it has been our intention to file in a timely manner, and we would have done so if the replacement form had been sent to us as requested. In view of the circumstances, I respectfully request that any penalty for late filing be waived.

Thank you for your consideration.

Very truly yours,
JERID, INC.



David A. Joseph
President