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

SIGNATURE:

**PROFIT** FILED FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham 4 ANNUAL REPORT Secretary of State 98 MAR 10 PM 1: 06 1998 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # L98853 (9)JACJON, INC. Principal Place of Business Mailing Address 8800 20TH ST. 8800 20TH ST. VERO BEACH FL 32966 VERO BEACH FL 32966 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/06/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable 21 65-0227211 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BATES, ED 8800 20TH ST 82 Street Address (P.O. Box Number is Not Acceptable) **VERO BEACH FL 32966** 83 84 City 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 of 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE CEOP DELETE Change Addition 1.1 TITLE NAME BATES, ED 1.2 NAME STREET ADDRESS 8800 20TH ST 1.3 STREET ADDRESS vero beach fl CITY-ST-ZIP 1.4 CITY - ST - ZIP 500002456**665-146** DELETE TITLE C00 21 TITLE POTTS, DAVID T NAME 2.2 NAME -03/13/98--01068--010 8800 20TH ST STREET ADDRESS 2.3 STREET ADDRESS \*\*\*\*150.00 \*\*\*\*150.00 VERO BEACH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE STEER, JONATHAN NAME 3.2 NAME 8800 20TH ST STREET ADDRESS 3.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes, I further certify that the information indicated on this annual report or suppliemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on the attachment with an 2-27-98