

FILED



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

May 06 1997 8:00am  
Secretary of State

1. Corporation Name  
**J & M VENTURES, INC.**

Principal Place of Business  
C/O JULIO J. CAVALLLO  
8204 W. WATERS AVE., STE. 104  
TAMPA FL 33615  
IJS

Mailing Address  
% JULIO J. CAVALLO  
8204 W. WATERS AVE.. STE. 104  
TAMPA FL 33615-1847  
US

<b>3. Date Incorporated or Qualified</b> <b>03/31/1988</b>	<b>3a. Date of Last Report</b> <b>05/01/1996</b>
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2. Principal Place of Business		2a. Mailing Address	
21	8120 W. WATERS AVE	26	8120 W. WATERS AVE
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	104	27	104
	City & State		City & State
23	TAMPA, FL	28	TAMPA, FL
	Zip		Zip
24	33615	29	33615
	Country		Country
25	US	30	US

4. FEI Number <b>59-2883280</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CAVALLO, JULIO, J.  
8204 W. WATERS AVE.  
TAMPA FL 33615

81	Name	CAVALLO JULIO J.	
82	Street Address (P.O. Box Number is Not Acceptable)	8120 W. WATERS AVE	
83			
84	City	TAMPA	FL
85	Zip Code	33615	

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 reinstatement) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	
NAME	CAVALLO, JULIO J.	1.2 NAME	
STREET ADDRESS	8513 WOODBURN CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	DVS	2.1 TITLE	
NAME	CAVALLO, MARY	2.2 NAME	
STREET ADDRESS	8513 WOODBURN CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 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 changed, or on an attachment with an address.

SIGNATURE: [Signature] TULLY T. CAVALLO 4-28-97 884-3147

CR2E034 (9/96)