

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M91310 (6)
1. Corporation Name
JC & SC, INC.



Principal Place of Business
16 PALMETTO DR
INDIAN LAKE ESTATES FL 33855

Mailing Address
16 PALMETTO DR
INDIAN LAKE ESTATES FL 33855

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14907 Hwy 60 E Suite, Apt. #, etc. 22 City & State 23 LAKE WALES, FL Zip 24 33853		2a. Mailing Address 25 14907 Hwy 60 E Suite, Apt. #, etc. 27 City & State 28 LAKE WALES, FL Zip 29 33853		3. Date Incorporated or Qualified 07/27/1988	
26 14907 Hwy 60 E Suite, Apt. #, etc. 27 City & State 28 LAKE WALES, FL Zip 29 33853		26 14907 Hwy 60 E Suite, Apt. #, etc. 27 City & State 28 LAKE WALES, FL Zip 29 33853		4. FEI Number 59-2905129 Applied For Not Applicable	
26 14907 Hwy 60 E Suite, Apt. #, etc. 27 City & State 28 LAKE WALES, FL Zip 29 33853		26 14907 Hwy 60 E Suite, Apt. #, etc. 27 City & State 28 LAKE WALES, FL Zip 29 33853		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 14907 Hwy 60 E Suite, Apt. #, etc. 27 City & State 28 LAKE WALES, FL Zip 29 33853		26 14907 Hwy 60 E Suite, Apt. #, etc. 27 City & State 28 LAKE WALES, FL Zip 29 33853		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 14907 Hwy 60 E Suite, Apt. #, etc. 27 City & State 28 LAKE WALES, FL Zip 29 33853		26 14907 Hwy 60 E Suite, Apt. #, etc. 27 City & State 28 LAKE WALES, FL Zip 29 33853		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORDELLO, JAMES R. 16 PALMETTO DR. INDIAN LAKE ESTATES FL 33855		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 P.O. Box 7762 84 City INDIAN LAKE ESTATES FL 85 Zip Code 33855	
--	--	--	--

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: RICHARD A. FUIST PRES. Richard A. Fuist 4-7-98
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 NAME STREET ADDRESS CITY-ST-ZIP	PD CORDELLO, JAMES R. POST OFFICE BOX 7333 N/A INDIAN LAKE EST. FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT, TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RICHARD A. FUIST 824 INDIAN LAKE DR INDIAN LAKE ESTATES, FL 33855
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CORDELLO, SARA-JO POST OFFICE BOX N/A INDIAN LAKE EST. FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SECRETARY, VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHRISTOPHER D. FUIST 8 WINTERHAVEN DR. INDIAN LAKE ESTATES, FL 33855
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDELLO, SARA-JO POST OFFICE NOX 7333 N/A INDIAN LAKE EST. FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: Richard A. Fuist Richard A. Fuist 4-7-98

CP2E034 (10/97)