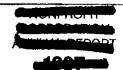
SÉCOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N38471 (1)

97 DEC 22 PM 2: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	JUBILEE FELLOWSH	IP, INC		AND BURNING BU			
Prir	ncipal Place of Business	М	Mailing Address				
P O BOX 9221 PEMBROKE PINES FL 33084			P O BOX 9221 PEMBROKE PINES FL 33084		DO NOT WRITE	IN THIS SPACE	
						 Date Incorporated or Qualified 06/04/1990 	3a. Date of Last Report 08/06/1996
2.	2. Principal Place of Business		2a. Mailing Address		,	4. FEI Number	Applied For
21			26			65-0197008	Not Applicable
22	Sulte, Apt. #, etc.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State	28	City & State			6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	ountry 29	Zip	Countr	у	This corporation owes or has pair Personal Property Tax due June 3	
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
				81	Name		
MOORE, REV. D 13418 NW 8TH COURT			82	Street Address (P.O. Box Number is Not Acceptable)			
	SUNRISE FL 33325				3		
				84	,		FL B5 Zip Code
1,1.	Pursuant to the provisions of office or registered agent, or	Sections 617,0502 and 6 both, in the State of Floric	17.1508, Florida Statuti la: Such chango was a	es, the abov authorized b	e-named corpo y the corporatio	ration submits this statement for the pun's board of directors. I hereby accept	rpose of changing its registered the appointment as registered

agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE		<u> </u>	Del plan	12/16/27				
12.	Signature, typed or printed name of registered agent a OFFICERS AND I		Registered Agent signature requi					
TITLE		DELETE	13. 1.1 100 F	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
- 1	TTD	LJ otten		Change Addition				
NAME	THOMPSON, RICHARD		1.2 NAME					
STREET ADDRESS	2631 TUPPON DR.		1.3 STREET ADDRESS					
OTY ST-ZIP	MIRAMAR FL		1.4 CITY - ST - ZIP					
TITLE	PTD	DELETE	2.1 TITLE	Change Addition				
NOME	MOORE, DALE A		2.2 NAME					
STREET ADDRESS	13418 NW 8TH COURT		2.3 STREET ADDRESS	-12/26/9701063010 ****175.00 ****175.00				
CITY-ST-ZIP	SUNRISE FL		2. 4 CITY - S1 - ZIP					
TITLE #	STD	☐ DELETE	3 1 TH LE	Change Addition				
NAME	OOSTERLING, JAN		3.2 NAME					
STREET ADDRESS	20881 NE 2ND AVE.		3 3 STREET ADDRESS	-12/26/9701063011 *****61.25 *****61.25				
CITY-SI-ZIP	MIAMI FL 33179		3.4. C(1Y-ST-ZIP	*************************************				
TITLE		DELFTE	4.1 TITLE	Change Addition				
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 City-S1-ZiP	A .				
TITLE		DELETE	5.1 1ITLF	Change Addition				
NAME			5.2 NAME	M. alla				
STREET ADDRESS			5.3 STREET ADDRESS	(3/3/20				
CITY-ST-ZIP			5.4 C(1Y - ST - ZIP	12128197				
TITLE		☐ DELETE	6.1 TITLE	Change Addition				
NAME			6.2 NAME	,				
STREET ADDRESS			6.3 STREET ADDRESS					

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 eath; 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.