


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39416 1. Corporation Name GREATER CAPE CORAL JAYCEES, INC.	(5)
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Principal Place of Business P. O. BOX 249 CAPE CORAL FL 33910 US	Mailing Address P. O. BOX 249 CAPE CORAL FL 33910-0249 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 P.O. Box 250 City & State 23 Cape Coral FL Zip 24 33910	2a. Mailing Address 26 P.O. Box 250 Suite, Apt. #, etc. 27 City & State 28 Cape Coral FL Zip 29 33910	3. Date Incorporated or Qualified 08/07/1990	3a. Date of Last Report 05/01/1996	4. FEI Number 65-0218722	Applied For <input type="checkbox"/> 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					

9. Name and Address of Current Registered Agent HINO, ROXANNE 1201 CAPE CORAL PKWY E CAPE CORAL FL 33904	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	TD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURRIS, RICHARD	1.2 NAME	Chris Camp
STREET ADDRESS	829 MIRAMAR CT.	1.3 STREET ADDRESS	2805 SE 27th St
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAUCK, TIM	2.2 NAME	Kimberly Panucci
STREET ADDRESS	4963 VICEROY ST	2.3 STREET ADDRESS	1605 Red Cedar Dr Apt. 18
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	Ft. Myers, FL 33907
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKOLASHEK, KEVIN	3.2 NAME	Rich Burris
STREET ADDRESS	3771 WINKLER EXT	3.3 STREET ADDRESS	P.O. Box 250
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALVER, CHRIS	4.2 NAME	April Riely
STREET ADDRESS	4009 SE 9 CT	4.3 STREET ADDRESS	2619 SE 18th Ave
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	DS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	ND <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODNOFF, BECKY	5.2 NAME	DAN Traub
STREET ADDRESS	4014 SE 4 AVENUE	5.3 STREET ADDRESS	5462 Avenue B
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	Bokelia, FL 33922
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	Camie Traub ND <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILAND, BILL	6.2 NAME	Camie Traub
STREET ADDRESS	4431 N ATLANTIC CIRCLE	6.3 STREET ADDRESS	5462 Avenue B
CITY-ST-ZIP	FT MYERS FL	6.4 CITY-ST-ZIP	Bokelia, FL 33922

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)