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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40908 (8)

1. Corporation Name
JENSEN STATION SHOPS OWNER'S ASSOCIATION, INC.



Principal Place of Business 1801 NE JB BLVD. 3190 NE MAPLE AVE JENSEN BEACH FL 34957	Mailing Address 20-BOX 1110- 3190 NE MAPLE AVE JENSEN BEACH FL 34958- JENSEN BEACH FL 34957
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3. Date Incorporated or Qualified 11/20/1990	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0677097	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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3190 NE MAPLE AVE	2a. Mailing Address 26 3190 NE MAPLE AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JENSEN BEACH FL	City & State 28 JENSEN BEACH FL
Zip 24 34957	Country 25
Country 29	Zip 30 34957

9. Name and Address of Current Registered Agent

WACHA JR., FRANK
1901 NE JENSEN BCH BLVD
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

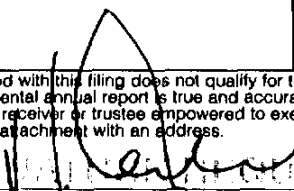
12. OFFICERS AND DIRECTORS

TITLE PD	NAME WACHA, FRANK J	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1901 N.E. JENSEN BEACH BLVD.	CITY-ST-ZIP JENSEN BEACH FL 34957	
TITLE VPD	NAME GESLEY, VICTOR	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3190 N.W. MAPLE AVENUE	CITY-ST-ZIP JENSEN BEACH FL 34957	
TITLE STD	NAME PERRIN, MIKE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3224 MAPLE AVENUE	CITY-ST-ZIP JENSEN BEACH FL 34957	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME VICTOR GERLEY, VICTOR J.	
1.3 STREET ADDRESS 3190 NE MAPLE AVE	
1.4 CITY-ST-ZIP JENSEN BEACH FL 34957	
2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME PERRIN, MIKE	
2.3 STREET ADDRESS 3177 NE MAPLE AVE	
2.4 CITY-ST-ZIP JENSEN BEACH FL 34957	
3.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME PERRIN, NITA	
3.3 STREET ADDRESS 3224 NE MAPLE AVE	
3.4 CITY-ST-ZIP JENSEN BEACH FL 34957	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE:  **N.J. GERLEY** 4-10-98 (561) 394-2600

CP2E037 (10/97)