

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N43588 (5)**

1. Corporation Name

**JUPITER BUSINESS ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

C/O RICHARD P. GUMSON P.A.  
6390 INDIANTOWN ROAD, SUITE 30  
JUPITER FL 33458

C/O RICHARD P. GUMSON P.A.  
6390 INDIANTOWN ROAD, SUITE 30  
JUPITER FL 33458

3. Date Incorporated or Qualified  
**05/23/1991**

3a. Date of Last Report  
**01/23/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUMSON, RICHARD P.  
6390 INDIANTOWN ROAD  
SUITE 30  
JUPITER FL 33458**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	VOLTON, DAVID	
STREET ADDRESS	307 TEQUESTA DR	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NEWTON, LINDA	
STREET ADDRESS	711 INDIANTOWN RD	
CITY-ST-ZIP	JUPITER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SUMMERS, DAVID	
STREET ADDRESS	8390 CURRENCY DR, STE 2	
CITY-ST-ZIP	RIVIERA BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SKIGEN, MICHAEL	
STREET ADDRESS	110 SPYGLASS LANE	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David Summers	
1.3 STREET ADDRESS	8390 Currency Dr., Ste. 2	
1.4 CITY-ST-ZIP	Riviera Beach, Fla. 33404	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Charles Oliveri	
2.3 STREET ADDRESS	200 Central Blvd., Ste. A	
2.4 CITY-ST-ZIP	Jupiter, Fla. 33458	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert P. Savel	
3.3 STREET ADDRESS	395A Tequesta Dr.	
3.4 CITY-ST-ZIP	Tequesta, Fla. 33469	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Joyce Pinder	
4.3 STREET ADDRESS	1001 N. U.S. Hwy.1, Ste.100	
4.4 CITY-ST-ZIP	Jupiter, Fla. 33477	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Joyce L. Pinder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce L. Pinder, Treasurer (407)745-2752

Date: Daytime Phone #

CR2E037 (12/95)