

FILE NOW: FILING FEE IS \$61.25

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May 12 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N43588** (5)

1. Corporation Name

JUPITER BUSINESS ASSOCIATES, INC.



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| Principal Place of Business C/O RICHARD P. GUMSON P.A. 6390 INDIANTOWN ROAD, SUITE 30 JUPITER FL 33458 | Mailing Address 103 US HWY 1 SUITE F-5187 JUPITER FL 33477-5166 US |
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| 2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country |
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|--|--|
| 3. Date Incorporated or Qualified 05/23/1991 | 3a. Date of Last Report 03/29/1996 |
| 4. FEI Number 65-0286179 | 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 | |

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| 9. Name and Address of Current Registered Agent GUMSON, RICHARD P. 6390 INDIANTOWN ROAD SUITE 30 JUPITER FL 33458 | |
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|---|-------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD SUMMERS, DAVID 8390 CURRENCY DR, SUITE 2 RIVIERA BCH FL | 1.1 TITLE | PD MARK PALMER 14255 US HWY ONE STE 203 JUNO BEACH, FL 33408 |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | |
| TITLE | VD OLIVERI, CHARLES 200 CENTRAL BLVD, SUITE A JUPITER FL | 2.1 TITLE | VD LINDA NEWTON 711 W. INDIANTOWN RD JUPITER, FL 33477 |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | SD SAVEL, ROBERT P. 395-A TEQUESTA DR TEQUESTA FL | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | TD PINDER, JOYCE 1001 N US HWY 1, SUITE 100 JUPITER FL | 4.1 TITLE | TD CHARLES OLIVERI 200 CENTRAL BLVD, SUITE A JUPITER, FL 33455 |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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.

SIGNATURE: CHARLES OLIVERI 4/27/97 TD-2207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044524

CR2E037 (9/96)