

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 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 # **N94000001092 (5)**

1. Corporation Name

JAN FOR JUNIORS GOLF INSTITUTE, INC.



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| Principal Place of Business 1231 GARDEN STREET STE. 204 TITUSVILLE FL 32796 US | Mailing Address 1231 GARDEN STREET STE. 204 TITUSVILLE FL 32796-3395 US |
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| | |
|--|--|
| 3. Date Incorporated or Qualified 03/04/1994 | 3a. Date of Last Report 06/25/1996 |
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|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |

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|------------------------------------|---|
| 4. FEI Number 59-3238383 | Applied For <input checked="" type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 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 CERRATO, WALTER A JR. 1231 GARDEN STREET, STE. 204 TITUSVILLE FL 32796 |
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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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE D | <input type="checkbox"/> DELETE |
| NAME CERRATO, WALTER A JR. | |
| STREET ADDRESS 1231 GARDEN STREET, STE. 204 | |
| CITY-ST-ZIP TITUSVILLE FL | |
| TITLE D | <input checked="" type="checkbox"/> DELETE |
| NAME FRATZ, PAMELA | |
| STREET ADDRESS 1231 GARDEN ST., SUITE 204 | |
| CITY-ST-ZIP TITUSVILLE FL 32796 | |
| TITLE D | <input type="checkbox"/> DELETE |
| NAME PAHMEIER, LAUREN | |
| STREET ADDRESS 1231 GARDEN ST., SUITE 204 | |
| CITY-ST-ZIP TITUSVILLE FL 32796 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | JAN STEPHENSON |
| 2.3 STREET ADDRESS | 1231 GARDEN ST. |
| 2.4 CITY-ST-ZIP | TITUSVILLE, FL. 32796 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 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: Walter A. Cerrato Jr **WALTER A. CERRATO JR** **REQUIRED DIRECTOR** **4/29/97** **(407) 304-9005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015669

CR2E037 (9/96)