


FILE NOW: FILING FEE IS \$61.25

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90101 046 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N94000002967

1. Corporation Name
FLORIDA JCI SENATORS, INC.

| | |
|---|---|
| Principal Place of Business 713 S. ORANGE AVE. SARSOTA FL 32436 | Mailing Address 713 S. ORANGE AVE. SARSOTA FL 32436 |
|---|---|



| | | | | | |
|---|--|---|--|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 3. Date Incorporated or Qualified 06/15/1994 | 4. FEI Number 65-0508833 Applied For 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 |
|---|--|---|--|--|---|

9. Name and Address of Current Registered Agent

MERCURIO, JOHN
713 S. ORANGE AVE.
SARSOTA FL 32436

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 | <input checked="" type="checkbox"/> DELETE |
| NAME | PARKER, JIM | |
| STREET ADDRESS | 275 32ND AVENUE | |
| CITY-ST-ZIP | VERO BEACH FL 32968 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | MCKINNEY, DEBBY | |
| STREET ADDRESS | 205 S LAKESHORE DRIVE | |
| CITY-ST-ZIP | CLERMONT FL 34711 | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | SMITH, TERRY | |
| STREET ADDRESS | 2729 DORADO CT | |
| CITY-ST-ZIP | APOPKA FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | THOMAS, ROGER | |
| STREET ADDRESS | PO BVOX 1637 | |
| CITY-ST-ZIP | JENSEN BEACH FL | |
| 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 | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | ROGER THOMAS | |
| 1.3 STREET ADDRESS | PO BOX 1639 | |
| 1.4 CITY-ST-ZIP | JENSEN BEACH FL 34958 | |
| 2.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | STEVE RAINES | |
| 2.3 STREET ADDRESS | 10749 CLEARY BLVD #102 | |
| 2.4 CITY-ST-ZIP | PLANTATION FL 33324 | |
| 3.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | TRACY HIGGINBOTHAM | |
| 3.3 STREET ADDRESS | 3535 N US 1 SUITE 3 | |
| 3.4 CITY-ST-ZIP | COCOA FL 32929 | |
| 4.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | KEN MILLER | |
| 4.3 STREET ADDRESS | 234 LANGFORD PARK DRIVE | |
| 4.4 CITY-ST-ZIP | DAVENPORT FL 33837 | |
| 5.1 TITLE | ASST TREAS. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | JOHN MERCURIO | |
| 5.3 STREET ADDRESS | 713 S ORANGE AVENUE | |
| 5.4 CITY-ST-ZIP | SARASOTA FL 34236 | |
| 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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** 4/27/99 (941) 953-4585
 Date Daytime Phone #

CR2E037 (11/98)