FILE NOW: FILING FEE IS \$61.25

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortiam FILED ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1997 97 AUG - 1 AH 11: 01 DOCUMENT # N96000005976 (3) SECRETARY OF STATE PALM AIRE JAYCEES, INC. Malling Address Principal Place of Business 2549 ROSE ST 2549 ROSE ST SARASOTA FL 34239-5429 SARASOTA FL 34239-5429 3. Date Incorporated or Qualified 11/18/1996 3a. Date of Last Report 4. FEI Number 2. Principal Place of Business Mailing Address Applied For ኒራጋ P.O. Bux 65-05 Not Applicable 26 21 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Larasu Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country 230 Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TOWERY, JERREL E Street Address (P.O. Box Number Is Not Acceptable) 333 S TAMIAMI TRAIL 83 **SUITE 291** SARASOTA FL 34285 Zip Code B4 City 85 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** DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN: 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TITLE TITLE NAME AITKEN, VICTORIA M 1.2 NAME 2549 ROSE ST 1.3 STREET ADDRESS STREET ADDRESS **SARASOTA FL 34239-5429** 14 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE Ď۷ NAME MEESIT, MARIA 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS **3232 RIVIERA DR** SARASOTA FL 34232 CITY-ST-ZIP 2.4 CITY-ST-ZIP 300002260783 DELETE 3.1 TITLE TITLE DEFORE, JOHN 3.2 NAME NAME -08/07/97--01079--001 6271 TIMBERLAKE DR #6-1 3.3 STREET ADDRESS STREET ADDRESS ****B1.25 *****61.25 SARASOTA FL 34243 CITY-ST-ZIP 3.4. CITY - ST- ZIP Change Addition DS DELETE 4.1 TITLE TITLE KELLEY, DANIELLE 4, 2 NAME NAME 4408 MEADOW CREEK CIR 4.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34233 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME HYMAN, CHERYL

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 of supplemental annual report is true approached that my significant shall have the same legal effect as if made under I am an officer or director of the corporation or the receiver or trustee empowered to excurate and that my significant shall have the same legal effect as if made under I am an officer or director of the corporation or the receiver or trustee empowered to excurate any that my name appears in Block 12 or Block 13 if chapters or on an attach per with an activate and that my name appears in Block 12 or Block 13 if chapters or on an attach per with an activate and that my name appears in Block 12 or Block 13 if chapters or on an attach per with an activate and that my name appears in Block 12 or Block 13 if chapters or on an attach per with an activate and that my name appears in Block 12 or Block 13 if chapters or on an attach per with a section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is a section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is a section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report of the section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on the section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report is a section 119.07(3)(iii), Florida Statutes. I further certify that the information indicated on this annual report is a section 119.07(3)(iii), Florida Statutes. I further certification in the information indicated in the information in annual report is frue any accurate and that my signature shall have the same legal effect as if made under oath; that or trustee employers of execute this report as required by Chapter 617, Florida Statutes; and that my name

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

1837 ROBINHOOD

SARASOTA FL 34231

Addition