

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90141 045 ***158.75

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DOCUMENT # P01000097806

1. Entity Name
JAWAK, INC.

Principal Place of Business 286 LIBERTY LN. MELBOURNE BEACH FL 32951	Mailing Address 286 LIBERTY LN. MELBOURNE BEACH FL 32951
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3759414	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOUCK, THOMAS C
 312 S. HARBOR CITY BLVD., STE. 1
 MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SMARK, ANNE	
STREET ADDRESS	286 LIBERTY LN.	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMARK, ANNE	
STREET ADDRESS	286 LIBERTY LANE	
CITY-ST-ZIP	MELBOURNE Bch FL 32951	
TITLE	S/V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMARK, ALAN	
STREET ADDRESS	1526 SILVER BELL LANE	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMARK, NANCY	
STREET ADDRESS	1526 SILVER BELL LANE	
CITY-ST-ZIP	ORANGE PARK, FL 32003	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMARK, WALTER	
STREET ADDRESS	824 WYEMOUTH DR.	
CITY-ST-ZIP	NEWPORT NEWS, VA 23602	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMARK, JOSEPH	
STREET ADDRESS	29413 INDEPENDENCE	
CITY-ST-ZIP	BIG PINE KEY, FL 33043	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANISZEWSKI, KAREN	
STREET ADDRESS	47761 STEPHANIE	
CITY-ST-ZIP	MACOMB, TWP. MI 48044	

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **REDANNE SMARK** 4/15/02 - 321-956-8729
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)