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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

ANNUAL REPOR
1996

1. Corporation	MENT # P1906	66	(0)					
JASPE	ER CORP.					L (601:50) 101 (1010 (01)) 001:15	Anna ana angu angu	Olom Vivi Osom abol
Principal Place	e of Business	Mailing Addi						
500 BEACON PARKWAY WEST P.O. BOX 12404 BIRMINGHAM AL 35202-9404		P.O. BOX	500 BEACON PARKWAY WEST P.O. BOX 12404 BIRMINGHAM AL 35202-9404		Date Incorporated or Qualified			
						04/29/1988 4. FEI Number	07/27/	
2. Principal Pla	lace of Business	2a. Mailing A	\dclress			51-0308719		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Ar	ot. #, etc.			5. Certificate of Status Desired	1 7	.75 Additional ee Required
City & State	e	City & St	tate			Election Campaign Financing Trust Fund Contribution	- [··]	i.00 May Be
3 Zip	Country	28 Zip		Country		B. This corporation has liability	for intangible tax unde	
4	[25]	29		30			Yes No	
	9. Name and Address of Curre	ent Hegistered Ag	ent	B1	Name	10. Name and Address of Ne	4 Uahisian Wasut	
HNITEC	O CORPORATE SERVICES, INC			82	Stroot Addr	ess (P.O. Box Number is Not Accep	otatile)	,
	ORTHEAST 167TH STREET, SU				Otrost Add	OSS (F.O. EXOX PORTION TO THE FROM		
	I MIAMI BEACH FL 33162			83				
				104	City		85	Zip Code
				84	City			
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, F	lorida Statutes was authorized		L	ation submits this statement for the		its registered officered agent. I am
or register familiar wit	red agent, or both, in the State of Flo ith, and accept the obligations of, Se	orida. Such change i ction 607.0505, Flo	was authorized rida Statutes.	s, the above-r d by the corp	named corpor oration's boar	rd of directors. I hereby accept the a		its registered officered agent. I am
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certify that the information indicated onlythis 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 processor to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

OF SIGNACI OFFICER OR DIRECTOR

SIGNATURE: _

4/55/96 205-945
Daytime Proce