

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000003861 (1)

1. Corporation Name

J.S. INVESTMENT GROUP, INC.



Principal Place of Business

3000 GULF TO BAY BLVD.
SUITE 220
CLEARWATER FL 34619
US

Mailing Address

1520 GULF BLVD.
#902
CLEARWATER FL 34630

2. Principal Place of Business

21 2963 Gulf to Bay Blvd

State Apt #, etc

22 Suite 205

City & State

23 Clearwater, FL

Zip

24 34619

Country

25 Pinellas

2a. Mailing Address

26 2963 Gulf to Bay Blvd

State Apt #, etc

27 Suite 205

City & State

28 Clearwater, FL

Zip

29 34619

Country

30 Pinellas

9. Name and Address of Current Registered Agent

SIMON, JACKI D
1520 GULF BLVD. #902
CLEARWATER FL 34630

3. Date Incorporated or Qualified

11/12/1992

3a. Date of Last Report

01/24/1995

4. FEI Number

59-3150081

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Jacki D. Simon

82 Street Address (P.O. Box Number is Not Acceptable)

2963 Gulf to Bay Blvd.

83

Suite 205

84 City

Clearwater

FL

85 Zip Code

34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Jacki D. Simon, President

1/22/96

12. OFFICERS AND DIRECTORS

1. TITLE

DP
SIMON, JACKI D
1520 GULF BLVD. #902
CLEARWATER FL 34630

2. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

8. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 its receiver or trustee empowered 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.

SIGNATURE:

Jacki D. Simon, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

813-7266177

CR2E034 (12/95)