FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200005612 (6)

J.E.C., INC.

Mailing Address

FILED Apr 04 1997 8:00am Secretary of State



Principal Plac	e of Business	maning A	Malling Address							
11681 47TH I ROYAL PALM	RD N BEACH FL 33411		I7TH RD N Palm Beach Fl	33411-915	0					
							3. Date Incorporated or Qualified 11/18/1992		e of Last)8/1996	
2. Principal P	lace of Business	2a. Mailir	ng Address				4. FEI Number		7	Applied For
21		26					65-0371059			Not Applicabl
Suite, Apt.	#, etc		, Apt #, etc.				5. Certificate of Status Desired			Additional Regulred
City & State	A	27 City I	Cialo							<u>`</u>
	e e	·	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23 Zip	Country	28] Zip		Coul	ntru			<u> </u>		
24	25	29		30	itti y		8. This corporation has liability for it Florida Statutes	intangible Yes		8. 199.032,
24	9. Name and Address of Cur		Agent	1301			10. Name and Address of New Re			
CHI	ESNEY, JAMES E				81 Na	ne		*		········
	81 47TH RD N			ļ						
	YAL PALM BEACH FL 33411				82 Stre	et Addr	ess (P.O. Box Number is Not Acceptab	ole)	•	
NU	INC FAUN DENVITE 99411			ŀ	B3					
								·		
				Ī	B4 City	/ .		FL	85 Zij	o Code
44 Diversion	to the exculpions of Coolings COT 5	E02 and 602 455	NO Florida Ptat	los the st		and cor-	oration submits this statement for the p		<u>L</u>	ito ranintare
agent I a SIGNATURE	un familiar with, and accept the ob						ed when reinstaling)	DATE		······································
12.		AND DIRECTORS		13.	- Againt eight	ara-e regui	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	D	THE BITTE OF TOTAL	DELETE	1.1 TIT	1.E		7,05,710,10,05,77,110,00		Change	
NAME	CHESNEY, JAMES E			1.2 NA						
STREET ATIONESS	11681 47 RD N				neet addre					
CHY-S1-ZIP	ROYAL PALM BEACH FL 33	3411			TY-ST-Z#P	~				
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NAME				2.2 NA						
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CITY - ST - ZIP					TY-ST-ZIP					
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			F DECEM						LL Ullariyt	, LI MUCILIO
NAME				6.2 NA						
STREET ADORESS				1	reet addre	SS				
CHY-ST-ZIP				64.00	TY-ST-ZIP	i i				

4. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Blood 13 if changed or an attachment with an address.

SIGNATURE

D NAME OF SIGNING OFFICER OR DIRECTOR

4-1-97 561-793-6104