

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

FILED
Jun 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PG20000015318</u> 1. Corporation Name <u>J-VILLE LEASING, INC.</u> <u>Service</u> <u>NY-14-99</u>			
Principal Place of Business 5907 HIGHGROVE ROAD GRANDVIEW MO 64030		Mailing Address 5907 HIGHGROVE ROAD GRANDVIEW, MO 64030	
2. Principal Place of Business 21 5907 HIGHGROVE ROAD Suite, Apt. #, etc.		2a. Mailing Address 26 5907 HIGHGROVE ROAD Suite, Apt. #, etc.	
22 City & State 23 GRANDVIEW, MO Zip 24 64030		27 City & State 28 GRANDVIEW MO Zip 29 64030	
3. Date Incorporated or Qualified 01-01-93		3a. Date of Last Report 05-01-97	
4. FFI Number 59-1358500		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent C. T. Corporation System 1200 S. Pine Island Rd. Plantation, FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <u>FL</u> 85 Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT MICHAEL MATTIX LILBURN, GA.		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE PRESIDENT [X] Change <input type="checkbox"/> Addition 12 NAME MICHAEL MATTIX 13 STREET ADDRESS 2795 CLAUDE BREWER ROAD 14 CITY - ST - ZIP LOGANVILLE, GA 30249	
TITLE NAME STREET ADDRESS CITY - ST - ZIP [] DELETE		21 TITLE SECRETARY 22 NAME MICHAEL MATTIX 23 STREET ADDRESS 2795 CLAUDE BREWER ROAD 24 CITY - ST - ZIP LOGANVILLE, GA 30249	
TITLE NAME STREET ADDRESS CITY - ST - ZIP [] DELETE		31 TITLE [] Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP [] DELETE		41 TITLE [] Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP [] DELETE		51 TITLE [] Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP [] DELETE		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	
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 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 Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/24/98</u> Daytime Phone #	