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

PROFIT CORPORATION ANNUAL REPORT

1997



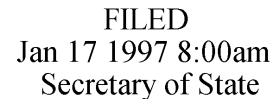
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division of CORPORATIONS

## DOCUMENT # P9300001845 (5)

JASSD, INC.



Principal Place 1134 JOHN ANDE ORMOND BEACH	ERSON DRIVE		Mailing Address 1134 JOHN ANDERSON DRIVE ORNOND BEACH FL 32176-4123						
						3. Date Incorporated or Qualified 12/29/1992		ate of Last P	Report
2. Principal Pia	ice of Business	2a. Mailing Addres	s			4. FEI Number		A	pplied For
Suite: Apt #	, etc	<b>26</b>	tc.			59-3 155862 5. Certificate of Status Desired		\$8.75	ot Applicable Additional equired
City & State		City & State				6. Election Campaign Financing			May Be
23		28	·			Trust Fund Contribution		Added	to Fees
Z(p)	Country 25	Ζιρ <b>29</b>	30	ountry	1	This corporation has liability to     Florida Statutes	or intangible		s. 1 <b>99</b> .032,
29	9. Name and Address of Curr		[30]	Т		10. Name and Address of New I			
RHYN	ARD, M A	,		81	Name				
515 S RIDGEWOOD AVENUE DAYTONA BEACH FL 32114				82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
DATIC	UNA DEAUTI EL 32114			83			<del></del>	n-111-11-11-11-11-11-11-11-11-11-11-11-1	
				84	City			<b>85</b> Zip	Code
	7.0	600 10011100 61 11			1		FL	_	
l office or rea	nistered ament, or eath, in the Sta	de of Florida. Such chanoi	∘ was authoriz	ed hi	. the corporal	poration submits this statement for the tion's board of directors. I hereby acc	e purpose o ept the app	л cnanging і pointment as	is registered registered
	familiar with, and accept the ob-	egations of, Section 607.05	o05 Florida St	atute	\$.				
SIGNATURE 3.	aj irai Spisisi sekol a erborstred	agent and FIIo Sapsociable	(NOTE: Register	ed Ag	ent signature raqui	red when reinstating]	DATE		
12.	OFFICERS A	AND DIRECTORS	13			ADDITIONS/CHANGES TO OF	ICERS AN		
	D	☐ DELI	TE 11	TITLE				Change	Addition
	MAGUIRE, DENNIS T		12	NAME					
	1134 JOHN ANDERSON DRI	VE .	•		ADDRESS				
<b> </b>	ORMOND BEACH FL 32176	DEF		CITY-S	ST-ZIP			Change	Addition
Tille		[_] OEC		TITLE				Change	Addition
NAME				NAME	ADDRESS				
STREET ADDRESS CITY-ST-7P					ST-ZIP				
TillE		☐ DELI		TOLE	31-ZIF			Change	Addition
NAME			3.2	NAME	1				
STREET ADDRESS					ADDRESS				
CHY-SI-7:P			3.4.	CITY-	ST-ZIP				
T TLF		DFLI	TE 4.1	TITLE				Change	Addition
NAME			4. 2	NAME					
STREET ADDRESS			4.3	STREET	ADDRESS				
CHY-SI-ZIF		,		CITY S	ST-7IP				
1 TLF		☐ Dēti	ETE 51	TITLE				Change	Addition
NAME				NAME					
STREET ADDRESS					F ADDRESS				
CITY- ST 20F					ST-ZIP			TT &	1.100
THELE		DELI	L L	THLE				Change	Addition
N4Mi				NAME					
STREET ADDRESS					I ADDRESS				
CITY-ST ZIP			6.4	CITY -	ST-ZIP				

14. I do hereby certify that the informal on supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules, 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 prector 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:

SIGNATURE AND TYPEO TRANSPERO NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97 axxxx1-4900