SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P93000012921 (1)

JARVIS ASSET MANAGEMENT CORPORATION

| Principal Place of Business Mailing Address | | | | | | |
|--|--|--|--|---|--|--|
| 1604 N.E. 16 FT. LAUDERO | ith ave. Dale fl. 33305 | 1604 N.E. 16TH AVE. FT. LAUDERDALE FL 33: | 1604 N.E. 16TH AVE. FT. LAUDERDALE FL 33305 | | | |
| | | ·· | | 3. Date Incorporated or Qualified 02/26/1993 | 3a. Date of Last Report 07/10/1995 | |
| | | 2a. Mailing Address | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0396795 | Not Applicable | |
| Suite, Apt #, etc. | | Suite, Apt. #, etc 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| Zip | 02-4- | 28 | 7- | | Trust Fund Contribution | Added to Fees |
| 24] | | | | Country 8. This corporation has liability for intangible tax under s. 199.032, | | |
| 24] | 9. Name and Address of Curren | 1 Begistered Agent | 30 | | Florida Statutes | Yes No |
| | | t negratores Agent | В | 1 Name | 10. Name and Address of New Reg | istered Agent |
| JARVIS, JOHN F | | | | | | |
| | 04 N.E. 16TH AVE. | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| FT. | LAUDERDALE FL 33305 | | 8 | 3 | | |
| | | | Ľ | | | |
| | | | 8 | 4 City | | FL 85 Zip Code |
| onice or r | egistered agent, or both, in the state im familiar with, and accept the obliga | of Florida, Such change was a tions of, Section 607.0505, Flo | uthorized b irida Slatute | y the corporat s. | oration submits this statement for the pur on's board of directors. I hereby accept t | the appointment as registered |
| Signature typed or priched name of registered agent and total applicable. (INDTE R 12. OFFICERS AND DIRECTORS | | | E. Registered A. | geril signature requi | red when reinstating! | OATE COMMENTED TO THE COMMENT OF THE |
| TITLE | PD | DELETE | 1 1 TITLE | | ADDITIONS/CHANGES TO OFFICE | Change Addition |
| NAME | JARVIS, JOHN F | | 1.2 NAMI | | | Grange Aconton |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33305 | | 1.4 CITY - ST - ZIP | | | |
| TITLE | V DELETE | | 2.1 THILE | | | Change Addition |
| NAME | JARVIS, JODI L 1604 N.E. 16TH AVE. | | 2 2 NAMI | | | |
| STREET ADDRESS | | | 2 3 STREET ADDRESS | | | |
| CITY - ST - ZIP | FT. LAUDERDALE FL 33305 | | 2 4 CHTY | | | |
| TITLE | V DELETE | | 3 1 TITLE | | | Change Addition |
| NAME | JARVIS, NICOLE L | | 3.2 NAME | | | _ |
| STREET ADDRESS | ss 1604 N.E. 16TH AVE. | | 33STRE | ET ADDRESS | | |
| CITY - ST - ZIP | FT. LAUDERDALE FL 33305 | | 34 City | -ST-ZIP | | |
| TITLE | ST | DELETE | 4.1 TITLE | | | Change Addition |
| NAME | JARVIS, LYDIA E | | 4. 2 NAM | F | | |
| STREET ADDRESS | 10071112 | | 4 3 STREE | ET ADDRESS | | |
| CITY-ST-ZIP | FT. LAUERDALE FL 33305 | Dr. Fre | | ST-ZIP | | |
| TITLE | | DELETE | 5 1 TITLE | | | Change Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5 3 STREE | EL ADORESS | | |
| CITY - ST - ZIP | | | 5 4 CITY | | | |
| TITLE | | DELETE 61 | | | | Change Addition |
| NAME STORET ADDRESS | | | 6 2 NAME | | | |
| STREET ADDRESS | | | | T ADDRESS | | |
| CITY-ST-ZIP | ov certify that the information supplied | Ly ith this files is yell-otosily for | 6 4 CITY | | for the exemption of standard Commission | 0.07.041.7.0 |

I do nereby 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, lhat I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \(\scale \)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-753-7900

Dayting Phone #