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 # P93000026021 (4) JA-LU, INC.

FILED Jul 28 1997 8:00am Secretary of State

8445 PENSACOLA BLVD 8445 PENSA		Mailing Address 8445 PENSACOLA BLVD PENSACOLA FL 32534-43 US	30		
US				3. Date Incorporated or Qualifie 03/31/1993	d 3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 59-1744281	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat	6	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	,	for intangible tax under s. 199.032,
24	25 9. Name and Address of Curre	29 ent Benistered Agent	[30]	Florida Statutes 10. Name and Address of New	Yes No
		our Manager Agent	81 Name	IV. Name and Address of New	trefistored Wallt
	MING, EDWARD P O BAYOU BLVD.				
	TES 12 & 13		L.	dress (P.O. Box Number is Not Accep	table)
PEN	ISACOLA FL 32503-1009		83		
			84 City		FL 85 Zip Code
44 Durayant	to the provisions of Soutions 607 Of	LO2 and 607 1509 Florida Statu	too the above period to	reporation authorite this etateward for the	
office or r	registered agent, or both, in the Sta	te of Horida, Such change was	tes, the above named co- authorized by the corpor	rporation submits this statement for thation's board of directors. I hereby acc	e purpose of changing its registered cept the appointment as registered
	m familiar with, and accept the obt	igations of, Section 607.0505, Fi	orida Statutes		
SIGNATURE	Signature, typical or printed name of registered a	ger and title diapplicative (NO	E. Registered Agent signature too	ired when renstaling)	DAH
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	PAGNIJOGEN JOHN D	DELETE	1.1 TITLE		Change
NAME	RASMUSSEN, JOHN R. 499 N. 70TH ST.		1.2 NAME		
STREET ADDRESS	PENSACOLA FL		1.3 STREET ADDRESS 1.4 CITY - ST - 7IP		
CITY-ST-ZIP	V	D PELETE	2 1 7IILE		Change Addition
NAME	RASMUSSEN, CINDY	_	22 NAME		<u> </u>
STREET ADDRESS	499 N. 70TH		2 3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2. 4 CHY+ST+ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		
STHEET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. C(1)Y - S1 - 2(P)	7.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STHEFT ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TIFLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CHY - \$1 - ZIP		
TITLE		DELETE	6.1 Till E		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-S1-ZiP			6 4 CITY-ST-7IP		

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 eath; 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.

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CICNATURE, TO.