FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000032195 (8)

1. Corporation Name

J.A.R.S. LTD. CORP.

Principal Place of Business	Mailing Address
5140 WOODLAND LAKES DR. PALM BEACH GARDENS FL 33418	5140 WOODLAND LAKES DR. PALM BEACH GARDENS FL 33418

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **05/03/1993**

3a. Date of Last Report: **04/21/1995**

4. FEI Number: **65-0406545** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DUCCI, E. JOHN
5140 WOODLAND LAKES DRIVE
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 of President or Vice President of registered agent, if that agent is a corporation) (NOTE: Registered Agent's signature required for new registered agent) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	DUCCI, E. JOHN	
STREET ADDRESS	5140 WOODLAND LAKES DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	☐ DELETE
NAME	CUCCIA, SHEILA	
STREET ADDRESS	5140 WOODLAND LAKES DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	☐ DELETE
NAME	WILSON, ALAN S	
STREET ADDRESS	1724 NORTH LAKESIDE DR.	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	D	☐ DELETE
NAME	WILSON, RENEE	
STREET ADDRESS	1724 NORTH LAKESIDE DR.	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sheila Cuccia 4/25/96 407 625-1332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)