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

PROFIT
CORPORATION
ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 27 1997 8:00am

Secretary of State

BEBORAH VEINS 2/20/97 (561) 745-0999

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000050693 (9)

JASON-LARRY ENTERPRISES, INC.

Principal Place	e of Business	Mailing Address	Mailing Address		3 (AB): BB tip thike titte matte wurte meter	ANGEL MILLS ROSIN MILLS INCH HIS MILL CAN
763 ALT A1A JUPITER FL 33	477	763 ALT A1A JUPITER FL 33477-5009				
					3. Date Incorporated or Qualified 07/20/1993	3a. Date of Last Report 04/23/1996
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	The second secon	26		~ <del>~~~~</del>	65-0423896	Not Applicable
Suite, Apt. :		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
Oity & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>23</b> ] Zip	Country	Z(p	Country		This corporation has liability for i	
24	25	<u> </u>	30			Yes No
	9. Name and Address of Currer		<u> </u>	<del></del>	10. Name and Address of New Re	gistered Agent
	ns, deborah		81	Name		
	ALT A1A		82	Street A	Address (P.O. Box Number is Not Acceptab	le)
JUPI	JUPITER FL 33477			ļ		34.31
			83			
ı			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Section 607,750	02 and 607.1508. Florida Statute	es the above	i e-named ∈	corporation submits this statement for the p	urnose of changing its registered
office or re	ogistered agent) or both, if the State	of Florida. Such change was a	uthorized by	y the corp	corporation submits this statement for the p oration's board of directors. I hereby accept	of the appointment as registered
	m tamiliar with, this acceptance being		BORA		EINS 2/	21/97
SIGNATURE	Signature: Typest or professional of registered agr				required when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	P	☐ DELETE	1.1 TITLE		BUCKLES, JASON	Change Addition
NAME	BUCKLES, JASON		1.2 NAME		DUCKLES / OTSOIT	
STREET ADDRESS	783 ALT A1A			T ADDRESS	763 ALT AIA	; ~ <b>-</b> 1
CHTV - S1 - 7)P	JUPITER FL 33477 VP	DELETE	1.4 CITY-S	ST-ZIP	JUPITER, FL 3347	
TOLE NAME	VIENS, LARRY P	FT) PETELE	2.1 TITLE 2.2 NAME			Change Addition
STREET ADDRESS	763 ALT A1A			T ADDRESS		
GITY - ST - ZIP	JUPITER FL 33477		2.3 STREET			
10.6	↑ □ DELETE		3.1 TITLE	31-41		Change  Addition
NAME	BUCKLES, BARBARA		3.2 NAME			r ar
STREET ADDRESS	763 ALT A1A		3.3 STREET	I ADDRESS		
CITY-SI-7P	JUPITER FL 33477		3.4. CITY-5	ST-ZIP		
1111.6	8	☐ DELETE	4.1 TITLE		775-7488-1	Change Addition
NAME	VIENS, DEBORAH		4. 2 NAME			
STREET ADDRESS	763 ALT A1A		4.3 STREET	T ADDRESS		
CITY - S1 - ZIP	JUPITER FL 33477	THE OFICE	4.4 CITY-S	ST-ZIP	······································	
TRILE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CHY+S1+ZIP TITLE	 	DELETE	5.4 CITY - S 6.1 TITLE	ST~ ZIP.		Change Addition
NAME		Land Control	6.2 NAME			The full like The second of
STREET ADDRESS				T ADORESS		
CITY-ST-ZIP			6.4 CITY-S			
<b>14.</b> I do herel.	by certify that the information supplie	ed with this filing does not qualif	y for the exe	emption st	ated in Section 119.07(3)(i), Florida Statutes	s. I further certify that the
l information	in indicated on this annual report or s	supplemental annual report is tr	rue and accu	urate and	that my signature shall have the same legal eport as required by Chapter 607, Florida S	I effect as if made under oath: that