

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000062463 (3)

1. Corporation Name

JENEX FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

1515 SW 22ND AVE CIR
SUITE 328
BOYNTON BEACH FL 33486
US

1515 SW 22ND AVE CIR
STE 351
BOYNTON BEACH FL 33486
US

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/02/1993	3a. Date of Last Report 04/19/1996
4. FEI Number 65-0438267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 1515 SW 22ND AVE CIR

26 1515 SW 22ND AVE CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

23 City & State
BOCA RATON, FL

28 City & State
BOCA RATON, FL

24 Zip
33486

29 Zip
33486

25 Country
US

30 Country
US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWMAN, IRWIN J.
1515 SW 22ND AVE CIR
SUITE 328
BOYNTON BEACH FL 33486

81 Name NEWMAN IRWIN J.
82 Street Address (P.O. Box Number is Not Acceptable) 1515 SW 22ND AVE CIR
83 City & State BOCA RATON, FL 33486
84 City BOCA RATON
85 Zip Code FL 33486

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEWMAN, IRWIN J.		1.2 NAME	
STREET ADDRESS 1515 SW 22ND AVE CIR		1.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

CR2E034 (4/97)

②

JENEX
FINANCIAL SERVICES, INC.

August 27, 1997

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Mortham:

As per advise of Robin Easom in your office, I am enclosing a check for the Annual Corporation Renewal in the amount of \$165.00 for Jenex Financial Services, Inc. Since our offices were moved we never received the original packet.

Please change your records to read Jenex Financial Services, Inc.
1515 S.W. 22nd Ave. Circle
Boca Raton, FL 33486

Thank you for your attention.

Very truly yours,


Irwin J. Newman