

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 # P93000063838 (5)

1. Corporation Name

J & J MANAGEMENT ASSOCIATES, INC.

Principal Place of Business

HWY 19, NORTH
PERRY FL 32347

Mailing Address

RT 5 BOX 425
PERRY FL 32347-9345
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

Zip

26

Country

27

28

9. Name and Address of Current Registered Agent

MERSCHMAN, JEFFREY F
208 PINELAND RD
PERRY FL 32347

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:

1/7/97

Printed or typed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS

TITLE

PD

DELETE

NAME

MERSCHMAN, JEFFREY F

STREET ADDRESS

208 PINELAND RD

CITY-ST-ZIP

PERRY FL 32347

TITLE

STD

DELETE

NAME

ZINS, JULIE D

STREET ADDRESS

372 MAIN ST

CITY-ST-ZIP

WESTPORT CT 06880

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, or both, on an attachment with an address.

SIGNATURE:

Jeffrey F. Merschman

1/7/97

904-584-7786

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0051150



FILED
Jan 14 1997 8:00am
Secretary of State

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