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

2a. Mailing Address

City & State

27

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Suite, Apl. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # P93000064133 (0)

JRC ASSOCIATES, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Principal Place of Business	Mailing Address
2007 8 WOODLAND BLVD	2607 S WOODLAND BLVD
DELAND FL 32720	DELAND FL 32720

9. Name and Address of Current Registered Agent

Country

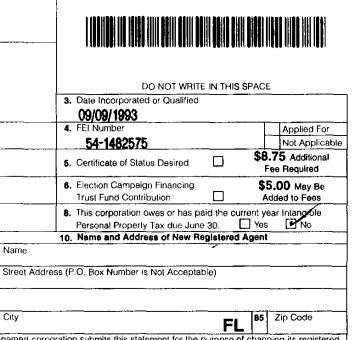
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2607 \$ WOODLAND BLVD

COHICK, JAY R

DELAND FL 32720

FILED May 18 1998 8:00am Secretary of State



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 mess, of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PVŠT DELETE Addition TITLE Change 1.1 TiTL COHICK, JAY R. NAME 1.2 NAME 2607 S. WOODLAND BLVD. STREET ADDRESS 13 STREET ADDRESS **DELAND FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TIME NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP Change DELETE ___ Addition TITLE 6.1 TITLE NAME 5.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City-St-ZiP CITY - ST - ZIP 14. Thereby 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 suppliencental 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 report or trustice 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 or an attributent with an address.

Country

83 City