

FILED

May 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P93000067630 (2)</b> 1. Corporation Name <b>JADE EAST TOWERS, INC.</b>			
Principal Place of Business		Mailing Address	
<b>1018 E. HWY 98 DESTIN FL 32541</b>		<b>P.O. BOX 1568 FT. WALTON BEACH FL 32549-1568</b>	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24 25		29 30	
<b>9. Name and Address of Current Registered Agent</b>			
<b>BURKE, LES W 221 MCKENZIE AVE. PANAMA CITY FL 32401</b>			81 Name  82 Street Address  83  84 City
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate officer I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
<b>12. OFFICERS AND DIRECTORS</b>			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	
NAME	<b>SCHINZ, F W</b>		1.1 TITLE
STREET ADDRESS	<b>1018 E. HWY 98</b>		1.2 NAME
CITY - ST - ZIP	<b>DESTIN FL 32541</b>		1.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP
NAME			2.1 TITLE
STREET ADDRESS			2.2 NAME
CITY - ST - ZIP			2.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP
NAME			3.1 TITLE
STREET ADDRESS			3.2 NAME
CITY - ST - ZIP			3.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP
NAME			4.1 TITLE
STREET ADDRESS			4.2 NAME
CITY - ST - ZIP			4.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP
NAME			5.1 TITLE
STREET ADDRESS			5.2 NAME
CITY - ST - ZIP			5.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP
NAME			6.1 TITLE
STREET ADDRESS			6.2 NAME
CITY - ST - ZIP			6.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	6.4 CITY - ST - ZIP
<b>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation, its owner, partner, receiver or trustee empowered to execute this report and that the person named herein as the registered agent has no other address.</b>			
<b>SIGNATURE:</b> _____ <b>F.W. "Freddie" Schinz President</b>			



CR2E034 (9/96)