

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

**FILED**

**Mar 04 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P93000069016 (2)**

1. Corporation Name  
**JSL ENTERPRISES, INC.**



Principal Place of Business  
**1870 N. SR 7  
117  
MARGATE FL 33063  
US**

Mailing Address  
**3100 RIVERSIDE DRIVE  
SUITE 206  
CORAL SPRINGS FL 33065-5510  
US**

3. Date Incorporated or Qualified  
**10/01/1993**

3a. Date of Last Report  
**02/02/1996**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26 3159 Riverside Dr.  
Suite, Apt. #, etc.  
27 B-401  
City & State  
28 Coral Springs, FL  
Zip  
29 33065**

Country  
**30 US**

4. FEI Number  
**65-0453884**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  
 **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution  
 **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  
 Yes  No

**9. Name and Address of Current Registered Agent**

**LAYNE, JERRY S.  
3159 RIVERSIDE DR.  
SUITE B-401  
CORAL SPRINGS FL 33065**

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **FL** **85** Zip Code

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]* DATE: **2-28-97**

Signature typed for period of 12 months of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	LAYNE, JERRY S	3159 RIVERSIDE DR., #B-401	CORAL SPRINGS FL	<input type="checkbox"/>
VP	LAYNE, DEBRA	3327 CARAMBOLA CIRCLE S.	COCONUT CREEK FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *[Signature]* DATE: **2-28-97** DAYTIME PHONE #: **954.978-1588**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)