

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000075912 (4)

1. Corporation Name
JAVON MARIE, INC.



Principal Place of Business
7250 BROOKRIDGE CENTRAL BLVD.
BROOKSVILLE FL 34613

Mailing Address
7250 BROOKRIDGE CENTRAL BLVD.
BROOKSVILLE FL 34613-5907

3. Date Incorporated or Qualified: 11/03/1993
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business
21 7248 High Point Blvd
Suite, Apt. #, etc. Brooksville
22 FL
City & State
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Zip 34613
Country
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4. FEI Number: 59-3213853
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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SCHUELER, JAVON M
7250 BROOKRIDGE CENTRAL BLVD.
BROOKSVILLE FL 34613

10. Name and Address of New Registered Agent
81 Name: JAVON M HALL
82 Street Address (P.O. Box Number is Not Acceptable): 7248 HIGH POINT BLVD
83 BROOKSVILLE FL
84 City: FL
85 Zip Code: 34613

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: Javon M Schueler
DATE: 5/5/97

12. OFFICERS AND DIRECTORS

TITLE	OPRES.	<input checked="" type="checkbox"/> DELETE
NAME	SCHUELER, JAVON M	
STREET ADDRESS	16172 PAXFORD LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	JAVON M. Hall, PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	16172 Paxford Lane	
13 STREET ADDRESS	BROOKSVILLE FL 34601	
14 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address.

SIGNATURE: Javon M Schueler
DATE: 5/5/97

CR2E034 (9/96)