

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 27 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 # P93000085581 (5)

1. Corporation Name
J AND Y ENTERPRISES, INC.

Principal Place of Business
530 S. ATLANTIC AVENUE
ORMOND BEACH FL 32176

Mailing Address
P.O. BOX 15110
DAYTONA BEACH FL 32115



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 883 Peninsula Dr.		26 883 Peninsula Dr.		12/10/1993		04/22/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3228820		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Ormond Beach, FL.		28 Ormond Beach, FL.		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing		Trust Fund Contribution	
24 32176		29 32176		30 Volusia		<input type="checkbox"/>	
Country		Country		8. This corporation owes or has paid the current year Intangible		Personal Property Tax due June 30.	
25 Volusia		30 Volusia		<input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DORAN, THEODORE R
444 SEABREEZE BLVD.
SUITE 800
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name Joseph L. Rodriguez
82 Street Address (P.O. Box Number is Not Acceptable) 883 Peninsula Drive
83
84 City Ormond Beach FL 85 Zip Code 32176

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 Joseph L. Rodriguez Joseph L. Rodriguez Aug. 21, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input type="checkbox"/> DELETE		1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, JOSEPH L			1.2 NAME	Rodriguez, Joseph L.		
STREET ADDRESS	530 S. ATLANTIC AVE.			1.3 STREET ADDRESS	883 Peninsula Dr.		
CITY-ST-ZIP	ORMOND BEACH FL			1.4 CITY-ST-ZIP	Ormond Beach, FL.		
TITLE	VPS	<input type="checkbox"/> DELETE		2.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, YVONNE M			2.2 NAME	Rodriguez, Yvonne M.		
STREET ADDRESS	530 S. ATLANTIC AVE.			2.3 STREET ADDRESS	883 Peninsula Dr.		
CITY-ST-ZIP	ORMOND BEACH FL			2.4 CITY-ST-ZIP	Ormond Beach, FL.		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Joseph L. Rodriguez Joseph L. Rodriguez Aug. 21, 1997 (601)673-6098

CR2E034 (4/97)