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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P94000022677 (6)**
1. Corporation Name
J. S. VENTURES, INC.

Principal Place of Business: **863 KLOSTERMAN RD E TARPON SPRINGS FL 34689**
Mailing Address: **863 KLOSTERMAN RD E TARPON SPRINGS FL 34689**

3. Date Incorporated or Qualified: **03/24/1994**
3a. Date of Last Report

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields.

4. FEI Number: **69-3218237**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
**SANATELLI, JOAN
863 KLOSTERMAN RD E
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent (81-85) fields.

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: Joan Santelli DATE: 4/29/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANATELLI, JOAN
STREET ADDRESS	1166 GILLESPIE DR
CITY - ST - ZIP	PALM HARBOR FL 34684
TITLE	D
NAME	MCGILLIVRAY, ALICE V
STREET ADDRESS	5300 COLUMBIA PIKE #908
CITY - ST - ZIP	ARLINGTON VA
TITLE	SD
NAME	SANATELLI, STELLA
STREET ADDRESS	1166 GILLESPIE DR
CITY - ST - ZIP	PALM HARBOR FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Carole Santelli
2.3 STREET ADDRESS	1166 Gillespie Drive
2.4 CITY - ST - ZIP	PALM HARBOR, Florida 34684
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Joan Santelli President's Director DATE: 4/29/95