

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

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000022677  
1. Corporation Name: J.S. Ventures, Inc

Principal Place of Business: 861 E. Klosterman Road, Tarpon Springs, FL 34689  
Mailing Address: [Redacted]

2. Principal Place of Business: 21 [Redacted], 22 [Redacted], 23 [Redacted], 24 [Redacted], 25 [Redacted]  
2a. Mailing Address: 26 [Redacted], 27 [Redacted], 28 [Redacted], 29 [Redacted], 30 [Redacted]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: Feb 1994

4. FEI Number: 59-3218237

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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent: Joan Santelli, 1166 Gillopie Drive, Palm Harbor, FL 34684

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code: FL

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 607.0506, Florida Statutes.

SIGNATURE: Joan Santelli, DATE: 4-27-98

12. OFFICERS AND DIRECTORS

TITLE: CEO	NAME: STELLA Santelli	STREET ADDRESS: 1166 Gillopie Drive	CITY-ST-ZIP: Palm Harbor, FL 34684	<input type="checkbox"/> DELETE
TITLE: Secretary-Treasurer	NAME: Joan Santelli	STREET ADDRESS: 1166 Gillopie Drive	CITY-ST-ZIP: Palm Harbor, FL 34684	<input type="checkbox"/> DELETE
TITLE: Vice President	NAME: Carole Santelli	STREET ADDRESS: 625 Quail Keep Drive	CITY-ST-ZIP: Safety Harbor, FL 34695	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME:	
13 STREET ADDRESS:	
14 CITY-ST-ZIP:	
21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME:	
23 STREET ADDRESS:	
24 CITY-ST-ZIP:	
31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME:	
33 STREET ADDRESS:	
34 CITY-ST-ZIP:	
41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME:	
43 STREET ADDRESS:	
44 CITY-ST-ZIP:	
51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME:	
53 STREET ADDRESS:	
54 CITY-ST-ZIP:	
61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	
63 STREET ADDRESS:	
64 CITY-ST-ZIP:	

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\*\*\*150.00

14. I hereby certify that the information supplied with this form 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 registered or limited partner 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 new after June 1st of each year.

SIGNATURE: Joan Santelli, DATE: 05/18, 013.938-7005

CR2E034 (10/97)