SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996 7-18-96 B-7334 C

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

DOCUMENT # P94000025509 (8)

1. Corporation Name

JADE ASSOCITES, INC.

Principal Place of Business	Mailing Address
2630 STATE RD AIA 345 ATLANTIC BEACH FL 32233 US	2630 STATE RD AIA 345 ATLANTIC BEACH FL 32233 US

3. Date Incorporated or Qualified: 04/04/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 13556 ATLANTIC BLVD
Suite, Apt #, etc
22 860
City & State
23 JACKSONVILLE FL
Zip 24 32225
Country 25 US

2a. Mailing Address
26 13556 ATLANTIC BLVD
Suite, Apt #, etc
27 860
City & State
28 JACKSONVILLE FL
Zip 29 32225
Country 30 US

4. FEI Number: 59-3232972 — 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

BELL, TIMOTHY J
2630 STATE RD, AIA, APT 345
ATLANTIC BEACH FL 3233

10. Name and Address of New Registered Agent

81 Name: BELL TIMOTHY J
82 Street Address (P.O. Box Number is Not Acceptable): 13556 ATLANTIC BLVD
83 JACKSONVILLE
84 City: FL — FL — 85 Zip Code: 32225

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: Capt Timothy J Bell — CAPT TIMOTHY J BELL — 15 July 96
Signature, type or printed name of registered agent, and title if applicable — (NOTE: Registered Agent signature required where stating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PTSD	☐ DELETE
NAME	BELL, TIMOTHY J	
STREET ADDRESS	2630 STATE RD AIA, APT. 345	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTSD	☐ Change ☐ Addition
1.2 NAME	BELL TIMOTHY J	
1.3 STREET ADDRESS	13556 ATLANTIC BLVD #860	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32225	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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)(k), 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: Capt Timothy J Bell — 15 July 96 — 904-714-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CAPT TIMOTHY J BELL

CR2E034 (3/96)