

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000052842 (9)

1. Corporation Name

JUMP START GROUP, INC.



Principal Place of Business

Mailing Address

**8466 N. LOCKWOOD RIDGE RD.
SUITE 300
SARASOTA FL 34243**

**8466 N. LOCKWOOD RIDGE RD.
SUITE 300
SARASOTA FL 34243**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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3. Date Incorporated or Qualified
07/18/1994

3a. Date of Last Report
05/01/1995

4. FET Number
65-0509403

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

10. Name and Address of New Registered Agent

**RUSSELL, JEFFREY S
240 S. PINEAPPLE AVE.
10TH FLOOR
SARASOTA FL 34236**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

Signature, typed or printed name of registered agent and title (if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	DESENBERG, TREY	
STREET ADDRESS	8466 N. LOCKWOOD RIDGE RD., STE 300	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3. STREET ADDRESS	
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5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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7. STREET ADDRESS	
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13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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53. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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55. STREET ADDRESS	
56. CITY-ST-ZIP	
57. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
58. NAME	
59. STREET ADDRESS	
60. CITY-ST-ZIP	

**900001891629
-07/12/96--01004--032
***208.75**

**100001891631
-07/12/96--01004--033
***25.00**

Handwritten signature and initials

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-96

Date

Signature Print #

CR2E034 (12/95)