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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # **P94**

P94000056362 (4)

JEAN ARTHUR ASSOCIATES, INC.

Principal Place		Mailing Address				imeret ditte it beteft firet	2 MIN BUILD 1(21 144)
988 SEQUOIA WINTER SPRI	COURT NGS FL 32708	988 SEQUOIA COU WINTER SPRINGS					
					 Date Incorporated or Qualified 07/26/1994 	3a. Date of L 01/02	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3260252		Not Applicable
Suite, Apt. #		Suite, Apt. #, etc	c. 		5. Certificate of Status Desired		8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	1 1	55.00 May Be Added to Fees
Zip	Country	Zip	Count	·γ	8. This corporation has liability for it	ntangible tax un	der s 199.032,
24	25	29	30		Florida Statutes		
	9. Name and Address of Currer	nt Registered Agent		:T: *	10. Name and Address of New R	egistered Ager	ıt
			8	1 Name			
Arthur 988 seq	, H J UOIA COURT		ē	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
WINTER	SPRINGS FL 32708		8	3			
			8	4 City		89	Zip Code
						FŁ	
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Flori h, and accept the obligations of, Sect	ida. Such change was auft	rorized by the co	named corpi rporation's bo	oration submits this statement for the pur aird of pirectors. Thereby accept the appo	pose of changin pintment as regis	g its registered office stered agent. I am
SIGNATURE: _	Signature system or product oarto of recontrolled a polit	na aki balit k	(by Mit - Frequencied A.	. 7			
12.		ID DIRECTORS	13.	transcience reda	ADDITIONS/CHANGES TO OFFI	CERS AND DIR	ECTORS IN 12
Trile	DP	DELFIE	1 1 THs	f T	, , , , , , , , , , , , , , , , , , ,	Cri Cri	lange
NAME	arthur, Jean A		1.2 NAM	E			ECTORS IN 12
STHEET ADDRESS	988 SEQUOIA COURT		1 3 STRE	E! ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708			- ST - ZIP			
TITLE	DV6	DELETE	2 1 THTL		V	[X Ch	ange Addition
NAME	arthur, Louise s		2.2 NAM	-	•		_
STREET ADDRESS	988 SEQUOIA COURT		23 \$1RE	ET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708		2.4 CI*Y	- S1 702			
TITLE	DT	☐ DELETE	3 1 1171		ST	(2) , Ch	ange Addition
NAME	arthur, H J		3.2 NAM		, — ,	Τ\	_
STREET ADDRESS	988 SEQUOIA COURT		33 STR	EET ADDRESS			
City-St-ZiP	WINTER SPRINGS FL 32708		3.4 CITY	- ST - 71P			
1÷TLE		DELETE	4 1 TITL	F		[] Ch	ange Addition
NAME			4.2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZiP			4.4 0 (1)	·S1 · Z#			
TITLE		DELETE	5 1 111	f		☐ Ch	ange Addition
NAME			5.2 NAM	ŧ			
STREET ADDRESS			5 3 S I HE	E1 ADDRESS			
City-St-ZIP				-\$T-7-P			
TITLE		DELETE	6 1 Tift			☐ Ch	ange Addition
NAME			6.2 NAM	E			
STREET ADDRESS			6 3 STRE	ET ADDRESS			
CITY - ST - ZIP			6.4 C/TY	· \$1 · ZIF			

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 armual 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 conversion of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13. Chapter 607, Florida Statutes, and that my name appears in Block 13. Chapter 607, Florida Statutes, and that my name appears in Block 13. Chapter 607, Florida Statutes, and that my name

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 4076996707