

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

**FILED**

**May 07 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P94000056362 (4)**

1. Corporation Name  
**JEAN ARTHUR ASSOCIATES, INC.**



Principal Place of Business  
**988 SEQUOIA COURT  
WINTER SPRINGS FL 32708**

Mailing Address  
**988 SEQUOIA COURT  
WINTER SPRINGS FL 32708-4026**

3. Date Incorporated or Qualified **07/26/1994**      3a. Date of Last Report **05/01/1996**

2. Principal Place of Business  
21 **1513 Fox Glen Drive**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **1513 Fox Glen Drive**  
Suite, Apt. #, etc.

4. FEI Number **59-3260252**  
Applied For  Not Applicable

22 City & State  
23 **Winter Springs, FL**

27 City & State  
28 **Winter Springs, FL**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

24 Zip **32708** 25 Country **Smivole**

29 Zip **32708** 30 Country **Smivole**

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  
**ARTHUR, H J  
~~988 SEQUOIA COURT~~  
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent  
81 Name **ARTHUR, H J**  
82 Street Address (P.O. Box Number is Not Acceptable) **1513 Fox Glen Drive**  
83  
84 City **Winter Springs** FL 85 Zip Code **32708**

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 \_\_\_\_\_ (Date) \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>ARTHUR, JEAN A</b>	
STREET ADDRESS	<b><del>988 SEQUOIA COURT</del></b>	
CITY - ST - ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>ARTHUR, LOUISE S</b>	
STREET ADDRESS	<b><del>988 SEQUOIA COURT</del></b>	
CITY - ST - ZIP	<b>WINTER SPRINGS FL</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>ARTHUR, H J</b>	
STREET ADDRESS	<b><del>988 SEQUOIA COURT</del></b>	
CITY - ST - ZIP	<b>WINTER SPRINGS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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	<b>1513 Fox Glen Drive</b>
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1513 Fox Glen Drive</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>1513 Fox Glen Drive</b>
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 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 supplementary 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 in an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **4/29/97**

CR2E034 (9/96)