

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

AMENDED

**APPROVED
AND
FILED**

98 NOV 13 PM 4:59
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT **1998**
 FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P94000060439
 1. Corporation Name
JES CORPORATION

Principal Place of Business: **61 S. DEAN ROAD ORLANDO, FL. 32825**
 Mailing Address: **61 S. DEAN ROAD ORLANDO, FL. 32825**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: **08/16/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3261514	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Country	7. This corporation owes or has paid the current year intangible	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	30	Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent
RON DUCARPE
4929 E. COLONIAL DR.
ORLANDO, FL. 32803 US

10. Name and Address of New Registered Agent
 81 Name: **BENJAMIN H. MOORE, CPA, P A**
 82 Street Address (P.O. Box Number is Not Acceptable): **1400 WEST FAIRBANKS AVENUE**
 83
 84 City: **WINTER PARK** FL 85 Zip Code: **32789**

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: *Benjamin H. Moore* **BENJAMIN H. MOORE** DATE: **11/09/1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. SCOTT SHUBERT	1.2 NAME	JOSEPH E. SHUBERT
STREET ADDRESS	61 S. DEAN ROAD	1.3 STREET ADDRESS	2482 FIELDING CT.
CITY-ST-ZIP	ORLANDO, FL 32825	1.4 CITY-ST-ZIP	ORLANDO, FL. 32806
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	300002689283--3
CITY-ST-ZIP		2.4 CITY-ST-ZIP	11/17/98 01037-009
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	*****51.25 *****51.25
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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: *Joseph E. Shubert* **JOSEPH E. SHUBERT** DATE: **11/09/1998** DAYTIME PHONE #: **407 897-6279**

CR2E034 (5/98)

AP 11/16