## 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** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P94000065685 (7) DOCUMENT # J.A. SERVICES, INC. Principal Place of Business Mailing Address 6700 NW 34TH AVE 6200 NW 34TH AVE FT LAUDERDALE FL 33309 FT LADUERDALE FL 33309 HS 3a. Date of Last Report 3. Date Incorporated or Qualified 09/01/1994 06/20/1995 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 3568 N 65-0528355 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Country This corporation has liability for intangible tax under s. 199.032, Zip Zin Yes No Florida Statutes 29 30 25 Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name AYCOCK, JAMES H 6700 NW 34TH AVE Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33309 83 Zip Code City 85 ions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered on the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered not be obligations of, Socion 607.0506. Florida Statutes 11. Pursuant the provisi office or agent I ar SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 RS AND DIRECTORS 13. 12. Change Addition DELETE 11 THILE TITLE AYCOCK, JAMES H 1.2 NAME NAME 4217 NW 57TH DR. 1 3 STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL 33073** 1 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2 4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE TITLE 31 Title 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY-SI-ZIP CITY-S1-ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5 2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 61 TIFLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 C!TY - ST - ZIP CITY - ST - ZIP 14. I do hereby certify that the information supplied with this fiting 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 a

aded on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if a director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and

if changed, or on an attachment with an address

PRINTED NAME OF SIGNING OFFICER

made under oath; that I am an office that my name appears in Block 12 o

SIGNATURE

(36/6)