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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000065685 (7)
1. Corporation Name

J.A. SERVICES, INC.

Principal Place of Business Mailing Address 3568 NW 10TH AVE 3568 NW 10 AVENUE FT LADUERDALE FL 33309 FT LAUDERDALE FL 33309 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/01/1994 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 65-0528355 Not Applicable 21 \$8,75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent AYCOCK, JAMES H AMES 6700 NW 34TH AVE FT LAUDERDALE FL 33309 83 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 Figure 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 (NOTE: Registered Agent signature required when reinstating) Nand title if approable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. AND DIRECTORS Change Addition DELETE 1.1 TITLE TITLE AYCOCK, JAMES H Aycock, JAMES 1.2 NAMÉ NAME 4217 NW 57TH DR. Niw. 10 Aug 1.3 STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL 33073** LAWERDALE, Fl. 3330 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 22 NAME NAME 23 STHEET ADDRESS STREET ADDRESS 2 4 City-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STAPET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.

xulzalas

LACU- 970073

FILED

May 11 1998 8:00am

Secretary of State