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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000086678 (7)

1. Corporation Name  
JNR PROPERTIES, INC.

Principal Place of Business

P O BOX 254  
CLERMONT FL 34712

Mailing Address

P O BOX 254  
CLERMONT FL 34712

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip

27 City & State

28 Zip

Country

24

26

29

30

9. Name and Address of Current Registered Agent

LARKIN, JOSEPH P  
931 W MONTROSE ST  
CLERMONT FL 34711

81 Name

Suabi Ramnarain

82 Street Address (P.O. Box Number is Not Acceptable)

7746 N. Cherry Lake Groves Rd.

83

84 City

Clermont,

FL 85 Zip Code  
34711

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 Suabi Ramnarain

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-6-97

12. OFFICERS AND DIRECTORS

TITLE VP  DELETE  
NAME TUSSING, RICK  
STREET ADDRESS 10332 CLEAR LAKE DR  
CITY-ST-ZIP CLERMONT FL

TITLE P  DELETE  
NAME ANTONY, JOHN  
STREET ADDRESS 11190 CRESCENT BAY BLVD  
CITY-ST-ZIP CLERMONT FL

TITLE S  DELETE  
NAME RAMNARAIN, SUABI  
STREET ADDRESS 7746 N CHERRY LAKE GROVES RD  
CITY-ST-ZIP CLERMONT FL

TITLE D'OLIVERIA, JOSEPH  
STREET ADDRESS 4708 GLENALBYN DR.  
CITY-ST-ZIP LOS ANGELES CA

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  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 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: Suabi Ramnarain REQUIRED

3-20-97

FILED  
Jun 12 1997 8:00am  
Secretary of State



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