FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P94000089172 (8)

JRE INCORPORATED

OIL IIV							
Principa! Place o	of Business	Mailing Address	Mailing Address			00110 001 0 1 10160 10600 11011	F0010 (10) 1001
3000-11 N.W. SIXTH FLOOR POMPANO BE	=	CALLAS & SCHILLING 251 ROYAL PALM WAY. #602 PALM BEACH FL 33480		9. Data lace reported as Outlifted	Sa Date of Lost D	opport.	
US		US	US		12/02/1994	3. Date Incorporated or Qualified 3a. Date of Last Report 12/02/1994 03/21/1995	
2. Principa! Pla	ce of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
21		26 Mendoza, Callas & Schilling		g 65-0543557		Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	1 1 7	O May Be d to Fees
23	Country	28 Zip	Count	irv	8. This corporation has liability for		
24	25	29	30	-,	Florida Statutes X Yes \(\sum \colon \) No		
	9. Name and Address of Curren				10. Name and Address of New R	legistered Agent	
			8	11 Name			
DE MENDOZA, III, MARIO G ESQ.				2 Street Addre	ess (P.O. Box Number is Not Acceptab	ole)	
251 ROYAL PALM WAY							
sixth fl			3	13			
Palm be	ACH FL 33480		ε	34 City		FL 85 Zip	p Code
					ation submits this statement for the pur		ragistared office
or registere familiar with SIGNATURE	ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	da, Such change was authoriz on 607.0505, Florida Statutes	zed by the co s.	rporation's boar	d of directors. I hereby accept the app	ointment as registered	agent. I am
	Signature, typed or printed name of registered agent OFFICERS ANI		OTE Registered A	gent signature required	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTO	BS IN 12
12.	PD OFFICERS AND	DELETE	1, 1 101	.F	7,0011101101011110101101011	Crange	Addition
NAME	TUSCANO, JAMES J. JR.		1,2 NAN				
STREET ADDRESS	251 ROYAL PALM WAY, 6TH	FLOOR		EET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			r-ST-ZIP			
TITLE	S DELETE		2 1 TITLE			Change	☐ Addition
NAME	TUSCANO, JAMES J. SR.		2.2 NAME				
STREET ADDRESS	251 ROYAL PALM WAY, 6TH	FL	2 3 STR	EET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			/-ST-ZIP		F7 01	F3 4485
TITLE	TD	☐ DELETE	3 1 TITI	1		Change	Addition
NAME	AMALFITANO, MICHAEL L.		3 2 NAN				
STREET ADDRESS	251 ROYAL PALM WAY, 6TH	rL .	B	REET ADDRESS			
CITY-ST-7IF	PALM BEACH FL	☐ DELETE	3.4 CHY 4. 1 TH	Y-ST-ZIP		☐ Change	Addition
TITLE NAME		[] beceive	4 2 NAN				_
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				r-ST-ZIP			
TITLE		☐ DELETE	5 1 TIT			☐ Change	Addition
NAME			5 2 NAM	/E			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
1HLE		☐ DELE IE	6 1 TIT			Change	☐ Addition
NAME			6 2 NA	!			
STREET ADDRESS		ı		EET ADDRESS			
CITY-SI-ZIP	partiful that the information a restled	with this filing is voluntarily for	michael noel d	Y-ST-ZIP	or the exemption stated in Section 119	07(3)(k) Florida Statu	tes. I further
certify that		ual report or supplemental and pration or the receiver or trusti	nual report is ec empowere		the and that my signature shall have the sreport as required by Chapter 607, F		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407)659-1111

Baytima Prione ⊭

CR2E034 (12/95)