FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:07

DOCUMENT # P94000089627 (1)

1. Corporation Name
JENTEX ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5970 S.W. 18TH STREET SUITE 226 BOCA RATON FL 33433	5970 S.W. 18TH STREET SUITE 226 BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/09/1994
3a. Date of Last Report: NONE

2. Principal Place of Business
21: C/O ART GRADY
22: 5600 SW MAPP ROAD
23: Palm City FL.
24: 34990 (Zip) 25: USA (Country)

2a. Mailing Address
26: SAME AS #2
27: (Suite, Apt. #, etc.)
28: (City & State)
29: (Zip) 30: (Country)

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRIEF, ALEX N
5970 S.W. 18TH STREET
SUITE 226
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name: ARTHUR GRADY
82 Street Address (P.O. Box Number is Not Acceptable): 5600 SW MAPP ROAD
83:
84 City: Palm City FL 85 Zip Code: 34990

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: [signature] 2/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GRIEF, ALEX N	1.2 NAME	
STREET ADDRESS	5970 S.W. 18TH STREET	1.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	GRADY, ARTHUR	2.2 NAME	GRADY ARTHUR
STREET ADDRESS	5970 S.W. 18TH STREET	2.3 STREET ADDRESS	5600 SW MAPP ROAD
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	Palm City FL 34990
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] PRESIDENT 2/14/95 (407) 287-2488
Signature and typed or printed name of individual with authority to sign on behalf of corporation — Title — Date — Daytime Phone #

ARTHUR GRADY

038103A CR