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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000094047 (5)

DOCUMENT #
1. Corporation Name JIMPEX, INC.

Principa!	Place	of B	usiness

Mailing Address

4381 KING RICHARD DR SARASOTA FL 34232

4381 KING RICHARD DR SARASOTA FL 34232



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					12/29/1994 03				of Last Report 3/20/1995			
Principal Place of Business     2a. Mailing Address			4.			4. FEI Number			$\Box$	Applied For		
21		26					65-(	055 19 18			'	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		Suite, Apt. #, etc.				5. Certificate of Status Desired				\$8.75 Additional Fee Required		
City & State	)		City & State				6. Election C	ampaign Fi	nancing	——————————————————————————————————————	\$5.0	May Be
23	28						Trust Fund Contribution Added to Fees					
Zip	Count	ry	Zip	Count	У		8. This corpo				under s	199.032,
24	25	29		30			Florida St		Yes			
<del></del>	g. Name and Addr	ess of Current Regis	tered Agent	8	4 No.		10. Name an	d Address	of New Ho	egistered A	gent	
				ľ	1 Nar	i if:						
JOHN, EBENEZER F					Street Address (P.O. Box Number is Not Acceptable)							
	ING RICHARD DR				_							
SARAS	OTA FL 34232			8	3							
				8	4 City	,					85 Zij	o Code
	to the provisions of Sec				<u> </u>						<u> </u>	
or register familiar wi SIGNATURE	ed agent, or both, in th th, and accept the oblig	e State of Florida. Such pations of, Section 607.	i change was authorize 0505, Florida Statutes.	ed by the co	rporatio	n's board	d of directors. It	nereby acce	pt the appo	intment as r	egistered	agent. I am
Oles to the land	Signature, typed or printed nam	<del> </del>	<del> </del>	E: Registered A	ent signal	are required o	when reinstating)			DATE		
12.		OFFICERS AND DIREC		13.			ADDITION	IS/CHANGE	S TO OFF	CERS AND I		
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STREET ADDRESS				6 3 STR	ET ADDRE	SS						
CITY-ST-ZIP	<u> </u>				- ST- ZIP	l						
14. Ldo heret	ov certify that the inform	ation supplied with this	filing is voluntarily furni	ished and d	es not	qualify for	r the exemption	stated in S	ection 119.	07(3)(k), Flori	ida Statu	tes. 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:** 

AND THE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 1996

Daytime Phone #