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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000001065 (8)

1. Corporation Name
JONREN, INC.

Principal Place of Business

35 BAY DR
KEY WEST FL 33040

Mailing Address

35 BAY DR
KEY WEST FL 33040-6114



2. Principal Place of Business

21 19038 PELICO RD

Suite, Apt. #, etc.

22 SUGARLOAF KEY FL

City & State

23 33044

Zip

Country

25 USA

2a. Mailing Address

26 POB 420251

Suite, Apt. #, etc.

27 SUMMERLAND KEY

City & State

28 FL

Zip

29 33042-0251

Country

30 USA

3. Date Incorporated or Qualified

01/05/1995

3a. Date of Last Report

04/18/1996

4. FEI Number

65-0542347

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

BROWNING, MICHAEL L
402 APPELROUTH LN
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME JOHNSON, PATRICIA C
STREET ADDRESS 35 BAY DR
CITY-ST-ZIP KEY WEST FL

TITLE D
NAME REYNOLDS, JEANNE
STREET ADDRESS 35 BAY DR
CITY-ST-ZIP KEY WEST FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 19038 PELICO RD
1.2 NAME SUGARLOAF KEY, FL 33044
1.3 STREET ADDRESS POB 420251 MAILING
1.4 CITY-ST-ZIP SUMMERLAND KEY, FL 33042-0251

2.1 TITLE 19038 PELICO RD
2.2 NAME SUGARLOAF KEY, FL 33044
2.3 STREET ADDRESS POB 420251 MAILING
2.4 CITY-ST-ZIP SUMMERLAND KEY, FL 33042-0251

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

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

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

6.1 TITLE
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: Patricia C. Johnson, PATRICIA C. JOHNSON 2/28/97 305-745-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)