

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 09 1997 8:00am
Secretary of State

DOCUMENT # P95000009572 (5)

1. Corporation Name

JADCO FINANCIAL SERVICES CORP.



Principal Place of Business

1481 S.W. 21ST LANE
BOCA RATON FL 33486-6525

Mailing Address

1481 S.W. 21ST LANE
BOCA RATON FL 33486-6525

2. Principal Place of Business

21 22094 SOLIEL CIRCLE E.

Suite, Apt. #, etc.

22

City & State

23 BOCA RATON, FL

24

Zip 33433

Country

25 USA

2a. Mailing Address

26 22094 SOLIEL CIRCLE E.

Suite, Apt. #, etc.

27

City & State

28 BOCA RATON, FL

29

Zip 33433

Country

30

9. Name and Address of Current Registered Agent

DAVID C FISHER
1481 SW 21ST LANE
BOCA RATON FL 33486-6525

10. Name and Address of New Registered Agent

81 Name

DAVID C. FISHER

82

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

22094 SOLIEL CIRCLE E.

83

84

City

BOCA RATON

FL

85

Zip Code 33433

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 NAME STREET ADDRESS CITY-ST-ZIP

PD
FISHER, JAN E
1481 S.W. 21ST LANE
BOCA RATON FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VSTD
FISHER DAVID C
1481 SW 21ST LANE
BOCA RATON FL 25

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

Change Addition

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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

4/2/97 654-838 3827

CP2E034 (9/96)