

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

APPROVED
AND
FILED

96 SEP -3 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000020959 (9)

1. Corporation Name

JE A MARKETING COMMUNICATIONS, INC.



Principal Place of Business

2910 BAY TO BAY BOULEVARD
TAMPA FL 33629

Mailing Address

2910 BAY TO BAY BOULEVARD
TAMPA FL 33629

3. Date Incorporated or Qualified
03/07/1995

3a. Date of Last Report
3/7/95

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

P.O. Box #45050

27

Suite, Apt. #, etc.

22

City & State

27

TAMPA FL

23

Zip

Country

28

Zip

Country

24

25

29

33677

30

HILLSB.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDES, JOHN
2910 BAY TO BAY BOULEVARD
TAMPA FL 33629

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 the applicable date. Registered Agent's signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

DELETE

NAME

ANDES, JOHN

STREET ADDRESS

2910 BAY TO BAY BOULEVARD

CITY - ST - ZIP

TAMPA FL 33629

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

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

Change Addition

Change Addition

Change Addition

Change Addition

800001244640

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****225.00 ****225.00

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)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. ANDES

8/27/96

(813) 308-8240

CR2E034 (12/95)