

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P95000023412 (6)**
 1. Corporation Name

JNG CONSULTANTS, INC.



Principal Place of Business Mailing Address
5725 CORPORATE WAY, SUITE 203 WEST PALM BEACH FL 33407
P O BOX 18541 WEST PALM BEACH FL 33416

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/23/1995	3a. Date of Last Report
21. Suite, Apt. #, etc	22. City & State	23. Zip	24. Country	4. FEI Number 65-0568030	Applied For Not Applicable
25. Suite, Apt. #, etc	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**AMERILAWYER
 343 ALMERIA AVE
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
 81 Name **Genia Guerin**
 82 Street Address (P.O. Box Number is Not Acceptable)
19914 Loxahatchee Pointe Drive
 83
 84 City **Jupiter** FL 85 Zip Code **33458**

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 **Genia Guerin** P *Genia Guerin* **8/1/96**
 Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P/T/S/D
STREET ADDRESS		1.3 STREET ADDRESS	Genia Guerin
CITY-ST-ZIP		1.4 CITY-ST-ZIP	19914 Loxahatchee Pointe Dr, Jupiter, FL 33458
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	200001923352
STREET ADDRESS		6.3 STREET ADDRESS	-08/15/96--01068--002
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***238.75

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Genia Guerin* (**Genia Guerin**) **8/1/96** **561-745-9771**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)