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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000032838 (1)

FILED May 13 1998 8:00am Secretary of State

INC N	JAA GROUP, INC.			
Principal Plac	e of Business	Mailing Address		
4956 ORANGE GROVE WAY PALM HARBOR FL 34684		4956 ORANGE GROVE WAY PALM HARBOR FL 34684		DO NOT WINTE IN THIS ODGO
US		US		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 04/26/1995
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3307665 Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		Election Campaign Financing \$5.00 May Be
23		28	- A E.	Trust Fund Contribution
Zip 24	Country	Zip	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 25 Name and Address of Current		30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
81 Name				
BATDORF, LINDA			1 1 7	BATDORE, LINDA
1724 SUNSET DR CLEARWATER FL 34615			82 Street A	ddress (P.O. Box Number is Not Acceptable) 456 ORANGE GROVE WAY
) 011	ENNIATEN PL 34013		83	100 0/0140 0/01/
			84 City	PALM HARBOR FL 85 ZIP CODE 34684
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation				
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 ring stered agont		Registered Agent signature re	
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PDC	(W) DEFEIG	1.1 TITLE	PDC CEFAIL, ROBERT E.
NAME DESCRIPTION	CEFAIL, ROBERT E 1724 SUNSET DR		1.2 NAME 1.3 STREET ADDRESS	4956 ORANGE GROVE WAY
STREET ADDRESS	CLEARWATER FL	_	1.4 CITY-S1-ZIP	DN AN 142200 EJ 34684
CITY-ST-ZIP TITLE	VSD	DELETE		VSD LYChange Addition
NAME	CEFAIL, ANATOLA		2.2 NAME	CEFAIL ANATOLA
STREET ADDRESS	1724 SUNSET DR		2.3 STREET ADDRESS	CEFAIL, ANATOLA 4956 ORANGE GROVE WAY
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY - ST-ZIP	PALM HARBOR, FL 34684
TITLE	D	DELETE	3.1 TITLE	Change Addition
NAME	ZENTNER, MICHAEL		3.2 NAME	
STREET ADDRESS	P.O. BOX 3084 (NA)		3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD CA 90078		3.4. CITY - \$1 - ZIP	
TITLE	DV	☐ DELETE	4.1 TITLE	Change Addition
NAME	SPAGNOLA, JOHN		4. 2 NAME	
STREET ADDRESS	675 GULFVIEW BOULEVARD	F2U4	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34630	DELETE	4.4 City-St-ZiP	Change Addition
TITLE	OT COLORA DOCALVAL		5.1 TITLE	Citailise City Vocation
NAME	SPAGNOLA, ROSALYN	N204	5.2 NAME	
STREET ADDRESS	675 GULFVIEW BOULEVARD (CLEARWATER FL 34630	F2U 1	5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	OLEANWAIEN FL 34030	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME		المارد ال	6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
JUNETI MPONESS			Sa Singer Houses	

64 CITY-ST-ZIP

14. I 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 attackment with an address.

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