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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000040852 (2) DOCUMENT #

JRS MARKETING, INC. Principal Place of Business Mailing Address 2503 BACCARAT DR 2503 BACCARAT DR COOPER CITY FL 33026 COOPER CITY FL 33026 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0505665 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Zip Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STUBBLEFIELD, JOHN R 2503 BACCARAT DR. Street Address (P.O. Box Number is Not Acceptable) **COOPER CITY FL 33026** 83 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change ■ Addition 1.1 TITLE TITLE STUBBLEFIELD, JOHN 1.2 NAME NAME 2503 BACCARAT DR. 1.3 STREET ADDRESS STREET ADORESS COOPER CITY FL 33026 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change ___ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption slated 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 chapter or on an attentional manual report is reported by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or on an attention and does not report in 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 chapter or on an attention and 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 chapter or on an attention and 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 chapter or on an attention and the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

4.1 Title

4.2 NAME

5.1 TITLE

5.2 NAME **5.3 STREET ADDRESS**

61 TITLE

6.2 NAME **6.3 STREET ADDRESS**

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

NAME

TITLE

NAME

DELETE

DELETE

DELETE

4/20/98 954-4381484

FILED

Apr 27 1998 8:00am

Secretary of State

Addition

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Addition

Change

Change