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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

DOCUMENT # P95000057313 (5)

JUL-JAC, INC.

Mailing Address

Principal Place of Business 2100 SE OCEAN BLVD SUITE 102 STUART FL 34996

2100 SE OCEAN BLVD SUITE 102 STUART FL 34996-3332 FILED Mar 10 1997 8:00am Secretary of State



			•				ŧ		 Date Incorporated or Qualified 07/25/1995 		te of Last F 4/1996	leport	
2. Principal P	lace of Busi	ness	28.	Mailing Address					4. FEI Number	J		pplied For	
		OCEMN BUD		3766 SE	Oca	*	BUU	Δ.	65-0597810		-	ot Applicable	
Suite, Apt.	#, etc.	<u> </u>	27	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional equired	
City & State 23 STUANT, FL			28	28 STUANT FL				6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to F					
Ζίρ 24 3499		Country 25	29	3499 L	30 Co	untry				Yes [] No	s. 19 9. 03 2,	
		and Address of Current	Regia	stered Ağent				1	Name and Address of New Re	gistered /	gent		
TAY	'Lor, Will	IAM F				81	Name						
2100 SE OCEAN BLVD							82 Street Address (P.O. Box Number is Not Accestable)						
sur	TE 102			3760									
STU	IART FL 34	996				83	······································						
						-							
						64	City	VA	4.5	FI	85 Zip	Cone	
11. Pursuant office or i agent. I s	to the provi registered a im familiar v	sions of Sections 607.0502 gont, or both, in the State o vith, and accept the obligati	and E Flori ons o	607.1508, Florida Sta da. Such change wa f, Section 607.0505,	tutes, the a is authorize Florida Sta	hove od by	e-named co / the corpor s.	orpora eration	tion submits this statement for the p is board of directors. I hereby accep	urpose of of the appo	changing bintment as	ts registered registered	
SIGNATURE	F1-1-1-1-1	d or printed name of legislated agent		- Manadashia	MOTE FILE				rhen reinstating)	DATE		·	
12.	Signature, type	OFFICERS AND			13.	an Ape	an archangra ins	dates M	ADDITIONS/CHANGES TO OFFIC		DIRECTO	65 IN 12	
TITLE	р	O/ FIGERS AND	DITTE.	DELETE		TITLE			ADDITIONS/OFFANGES TO OFFIC	LING AIRU	Change	Addition	
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NAME		UCHSTONE CIRCLE				VAME							
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CHY-S1-ZIF	I	EACH GARDENS FL 334	18			CITY-S	T - 71P						
TITLE	VP.			☐ DELETE	2.1 1	ITLE					Change	Addition .	
NAME		, WILLIAM F			2.21	MAME							
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CITY-ST-ZIP	STUART	FL 34996			2.4	CITY-	ST-ZIP						
TITLE	S			DELETE		ITLE			 		Change	Addition	
NAME	WILLIAM	S, LEIGH A ESQ			32	AME							
STREET ADDRESS		ORADO AVE., STE 1					ADDRESS		•				
•		FL 34995											
CITY-ST-ZIP TITLE	T 7			DELETE		CHY-S	ST-ZIP				Change	Addition	
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NAME		UCHSTONE CIRCLE				NAME	i						
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STREET ADDRESS							ADDRESS		-03/10/97010	JU7C	152		
]								***165.00	•			
CITY-ST-ZIP	by cortily th	at the information greatiest	vito •	hie filing does not a			ST-ZIP	doct in	Postion 110 07/2Vi) Florida Ciatata	o I forther	marrist at a	t the	
14. I do here information	by certify the	at the information supplied on this annual	with t	his filing does not queental apport	alify for the	exe acci	emption stat	ited in	Section 119.07(3)(i), Florida Statute	s. I further	certify tha	t the	

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 angular report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the Laman 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 3 if changed, or on an attachment with an address.

SIGNATURE

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