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

DOCUMENT # **P95000065334 (1)**

1. Corporation Name
JENERICORP, INC.

Principal Place of Business	Mailing Address
10401 W. BROWARD BLVD. SUITE 401 PLANTATION FL 33324	10401 W. BROWARD BLVD. SUITE 401 PLANTATION FL 33324

3. Date Incorporated or Qualified: 08/23/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 1222 NW 72 Av.
22: Suite, Apt. #, etc:
23: City & State: Miami, FL
24: Zip: 33126-1919
25: Country: USA

2a. Mailing Address
26: 1222 NW 72 Av
27: Suite, Apt. #, etc.
28: City & State: Miami FL
29: Zip: 33126-1919
30: Country: USA

4. FEI Number: 65-0603620 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JACOBS, ERIC
10401 W. BROWARD BLVD.
SUITE 401
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: Jacobs, Eric
82 Street Address (P.O. Box Number is Not Acceptable): 1222 NW 72 Av
83:
84 City: Miami **FL** 85 Zip Code: 33126-1919

11. Pursuant to the provisions of Section 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: Eric Aaron Jacobs — 6/28/96
Signature, typed or printed name of Registered Agent and the date of signature. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACOBS, ERIC 10401 W. BROWARD BLVD., #401 PLANTATION FL 33324	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President Eric A. Jacobs 1222 NW 72 Av Miami, FL 33126-1919	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACOBS, JENNIFER 10401 W. BROWARD BLVD., #401 PLANTATION FL 33324	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAW, LAWRENCE 7456 SOUTHWEST 115 COURT MIAMI FL 33156	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Vice-President Lawrence J. Shaw 1222 NW 72 Av Miami, FL 33126-1919	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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, or on an attachment with an address.

SIGNATURE: Eric Jacobs — 6/28/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

305- 513-9622
~~(954) 475-2747~~
Daytime Phone #