

FILE NOW: 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

FILED
Jan 17 1997 8:00am
Secretary of State

DOCUMENT # P95000070665 (1)

1. Corporation Name
JADE CONTRACTORS, INC.

Principal Place of Business
7652 CYPRESS TRACE CT.
NEW PORT RICHEY FL 34653

Mailing Address
7652 CYPRESS TRACE CT.
NEW PORT RICHEY FL 34653-6305

CHANGE OF ADDRESS TO:

2. Principal Place of Business	2a. Mailing Address
21 208 TARPON INDUSTRIAL	26 208 TARPON INDUSTRIAL
Suite, Apt. #, etc. CIRCLE	Suite, Apt. #, etc. CIRCLE
22 City & State	27 City & State
23 TARPON SPRINGS, FL. 34689	28 TARPON SPRINGS, FL.
Zip Country	Zip Country
24 25	29 34689 30

3. Date Incorporated or Qualified 09/11/1995	3a. Date of Last Report 02/06/1996
4. FEI Number 59-3345048	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DAMALOS, KIMBERLY C
7652 CYPRESS TRACE CT.
NEW PORT RICHEY FL 34653
208 TARPON INDUSTRIAL CIRCLE
TARPON SPRINGS, FL. 34689

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 Kimberly Damalos, President DATE 01/10/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMALOS, KIMBERLY	1.2 NAME	
STREET ADDRESS	7652 CYPRESS TRACE CT	1.3 STREET ADDRESS	208 TARPON INDUSTRIAL CIRCLE
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	1.4 CITY-ST-ZIP	TARPON SPRINGS, FL. 34689
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMALOS, JOHN A	2.2 NAME	
STREET ADDRESS	7652 CYPRESS TRACE CT	2.3 STREET ADDRESS	208 TARPON INDUSTRIAL CIRCLE
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	2.4 CITY-ST-ZIP	TARPON SPRINGS, FL. 34689
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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Kimberly Damalos KIMBERLY DAMALOS, PRESIDENT (813)943-8401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)