


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

FILED
Jul 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
AMENDED 1997					
DOCUMENT # P95-77015 1. Corporation Name JASCO LABS, INC.					
Principal Place of Business 10075 JOG ROAD SUITE 207 BOYNTON BEACH, FLORIDA 33437			Mailing Address		
2. Principal Place of Business 21 10075 Jog Road Suite, Apt. #, etc. 22 Suite 207 City & State 23 Boynton Beach, FL Zip 24 33437		2a. Mailing Address 26 10075 Jog Road Suite, Apt. #, etc. 27 Suite 207 City & State 28 Boynton Beach, FL Zip 29 33437		3. Date Incorporated or Qualified 10/9/95 3a. Date of Last Report 2/6/97 4. FEI Number 65-0612685 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 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			10. Name and Address of New Registered Agent 81 Name BETH ZIPPER 82 Street Address (P.O. Box Number is Not Acceptable) 234 Alexander Palm Road 83 84 City Boca Raton, FL 85 Zip Code FL 33432		
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 <i>Beth Zipper</i> 7/17/97 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
SEILER, MICHAEL <input checked="" type="checkbox"/> DELETE 10075 JOG ROAD (Director) BOYNTON BEACH, FL 33437			ZIPPER, BETH (Director) 234 ALEXANDER PALM ROAD BOCA RATON, FLORIDA 33432		
300002251989 -07/30/97--01014--018 ***61.25					
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: <i>Beth Zipper</i> Beth Zipper 7/17/97 561-495-					

CR2E034 (9/96)