

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088571 (1)
1. Corporation Name

J PLUS, INC.

Principal Place of Business

Mailing Address

941 SW 8TH STREET
POMPANO BEACH FL 33069

941 SW 8TH STREET
POMPANO BEACH FL 33069



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1995		3a. Date of Last Report	
21		26		4. FEI Number 65-0596633		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input type="checkbox"/> No <input type="checkbox"/>	
23		28		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	81 Name JACQUELYN V. AMOS		82 Street Address (P.O. Box, if applicable)	
24		29		83 10092 W. OAKLAND PARK BLVD.		84 City SUNRISE	
		30		85 FL		86 Zip Code 33351	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MURRAY, JOHN E 941 SW 8TH STREET POMPANO BEACH FL 33069		JACQUELYN V. AMOS 10092 W. OAKLAND PARK BLVD. SUNRISE FL 33351	

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: *Jacquelyn V. Amos* DATE: 6/10/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	MURRAY, JOHN E	1.2 NAME	
STREET ADDRESS	941 SW 8TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33069	1.4 CITY - ST - ZIP	
TITLE	PRESIDENT	2.1 TITLE	
NAME	JACQUELYN V. AMOS	2.2 NAME	
STREET ADDRESS	22545 CARAVELLE CIR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 33433	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	500001892915
STREET ADDRESS		5.3 STREET ADDRESS	-07/15/96--01004--016
CITY - ST - ZIP		5.4 CITY - ST - ZIP	***225.00
TITLE		6.1 TITLE	
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jacquelyn V. Amos* DATE: 6/10/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR