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 # **P95000097871 (4)**

1. Corporation Name

JENNY ASSOCIATES, INC.

Principal Place of Business

2477 STICKNEY POINT ROAD
UNIT 215B
SARASOTA FL 34231

Mailing Address

P.O. BOX 520
OSPREY FL 34229

3. Date Incorporated or Qualified: **12/28/1995**

3a. Date of Last Report:

4. FEI Number: 65-0635516 [ ] 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 [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

ROWAN, ROBERTA S
2477 STICKNEY POINT ROAD
UNIT 215B
SARASOTA FL 34231

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	[ ] Change [ ] Addition
NAME	ROWAN, ROBERTA S		
STREET ADDRESS	2477 STICKNEY POINT ROAD, UNIT 215B		
CITY-ST-ZIP	SARASOTA FL 34231		
TITLE	D	[ ] DELETE	[ ] Change [ ] Addition
NAME	ROWAN, PETER J		
STREET ADDRESS	2477 STICKNEY POINT ROAD, UNIT 215B		
CITY-ST-ZIP	SARASOTA FL 34231		
TITLE		[ ] DELETE	[ ] Change [ ] Addition
NAME			
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TITLE		[ ] DELETE	[ ] Change [ ] Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP
5 TITLE 6 NAME 7 STREET ADDRESS 8 CITY-ST-ZIP
9 TITLE 10 NAME 11 STREET ADDRESS 12 CITY-ST-ZIP
13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY-ST-ZIP
17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY-ST-ZIP

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)(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: Roberta Rowan ROBERTA ROWAN 2-15-96 941-924-6637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)