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

**PROFIT** CORPORATION ANNUAL REPORT

1997

CHY-S1-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600002336 (1)

1. Corporation J&M EN	T. OF JOHNS PASS, INC.	3002000 (1)			#
Principal Place 194 180 - 128TH AV MADEIRA BEAC	/ENUE . E .	Mailing Address 150 - 120TH AVENUE / E. MADEIRA BEACH FL 33708			
				· '	Date of Last Report
2. Principal Place of Business 2a. Mailing Address			01/03/1996 4. FEI Number	Applied For	
21 26				59-3349285	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b>	Country	28 Z <sub>(D</sub>	Country	Trust Fund Contribution  B. This corporation has liability for intang	Added to Fees
24	25		ю	Florida Statutes Yes	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ed Agent
ALBERTSON, MICHAEL			81 Name		
12931 - 96TH AVENUE, NORTH SEMINOLE FL-94846 <i>33776</i>			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
SEM	MOLE PL-04040 JJ77P		83		
			84 City		. 85 Zip Code
44 Discount	to the use of Continue CO7 OF	OD and COZ 15 OD Florido Ctat too			<b>-L.</b>
office or n	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida, Such change was au gations of, Section 607.0505, Flori	s, the above-hamed corporations the corporation of	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
SIGNATURE					
12.	Styperone type dior penter name of registered agont and title if applicable (NOII OFFICERS AND DIRECTORS		Registered Agent signature require	red when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	ALBERTSON, MICHAEL		1.2 NAME		
STHEFT AUDRESS	,,,,,,,, .		1.3 STREET ADDRESS		
THILE	SEMINOLE FL 34846 337 D	7 € □ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	ALBERTSON, JOANNE	Ott.	2.2 NAME		
STREEL ADDRESS	12931 - 96TH AVENUE, NOR	тн	2.3 STREET ADDRESS		
CHY-ST-ZiP	SEMINOLE FL 34648 337	776	2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME CONTRACTOR			3.2 NAME		
STREET ADDRESS   CIPY - ST - 7IP			3.3 STREET ADDRESS 3.4 City-St-ZiP		
10LF		DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
C-11 - S! ZII		☐ DELETE	4.4 City+St-ZiP 5.1 Title		Change Addition
TITLE NAME		C precie	5.2 NAME		The second of th
STREET ADORESS			5.3 STREET ADDRESS		
CITT - ST - ZIP			5.4 City-St-ZiP		
1171.6		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		ļ
STREET ADDRESS			6.3 STREET ADDRESS		

14. If 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.

6.4 CITY-ST-ZIP