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

PROFIT
CORPORATION
ANNUAL REPORT
1997

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600008079 (1)

JPS & SONS ENTERPRISES, INC.

Principal Place of Business Mailing Address 2911 GRAND AVENUE, SUITE 4A 2911 GRAND AVENUE. SUITE 4A COCONUT GROVE FL 33133 COCONUT GROVE FL 33133-6029 3. Date Incorporated or Qualified 3a. Date of Last Report 01/25/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0637581 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζφ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD JOHN P. SCHUENZEL 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 2911 GRAND AVE. SUITE 83 Zip Code 33/33 **B4** COCCUUT 07.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered da. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of, Soction 607.0505, Florida Statutes. 11. Pursuant to the provision office or registered agent. I am familia SIGNATURE (NOTE: Rog stored Agent signature required when reinstating) OFFICERS AND OFFICERS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition SCHUENZEL, JOHN PAUL NAME 1.2 NAME 2911 GRAND AVENUE, SUITE 4A STREET ADDRESS 1.3 STREET ADDRESS **COCONUT GROVE FL 33133** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2 1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-51-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(1Y-\$1-ZIP DELETE Change Addition TITLE 4.1 Title NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME

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 corpdiation of the receiver of trustice of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, in union attachment with nu address.

6.8 STREET ADDRESS

6.4 CHY-ST-7IP