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Aug 20 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000010460 (9)

1. Corporation Name
JENNIFER'S ARTS IN MOTION, INC.



Principal Place of Business: 880 STATE ROAD A1A STE 3, PONTE VEDRA BEACH FL 32082
Mailing Address: 880 STATE ROAD A1A STE 3, PONTE VEDRA BEACH FL 32082-3214

3. Date Incorporated or Qualified: 01/29/1996
3a. Date of Last Report: Initial Return

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
City & State (22, 27)
Zip (23, 28)
Country (24, 29)

4. FEI Number: 59-3363713
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: Yes No

9. Name and Address of Current Registered Agent
ROBERTS, JENNIFER J
880 STATE ROAD A1A STE 3
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: Jennifer Jager Roberts, President
DATE: 8/14/97

12. OFFICERS AND DIRECTORS
TITLE: PTD
NAME: ROBERTS, JENNIFER J
STREET ADDRESS: 880 STATE ROAD A1A STE 3
CITY-ST-ZIP: PONTE VEDRA BEACH FL 32082
TITLE: VSD
NAME: ROBERTS, DAVIS M
STREET ADDRESS: 880 STATE ROAD A1A STE 3
CITY-ST-ZIP: PONTE VEDRA BEACH FL 32082

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

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: Jennifer Jager Roberts, President
DATE: 8/14/97 (904) 273-4463

CR2E034 (9/96)