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CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000010460 (9)

JENNIFER'S ARTS IN MOTION, INC.

Principal Place of Business

Mailing Address

880 STATE ROAD A1A STE 3 PONTE VEDRA BEACH FL 32082 880 STATE ROAD A1A STE 3 PONTE VEDRA BEACH FL 32082

FILED Feb 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1996 Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-3363713 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 Fee Required 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zio Country 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name ROBERTS, JENNIFER J 880 STATE ROAD A1A STE 3 Street Address (P.O. Box Number is Not Acceptable) PONTE VEDRA BEACH FL 32082 83 84 City 85 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. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE THILE 1.1 TITLE Change NAME ROBERTS, JENNIFER J 1.2 NAME STREET ADDRESS 880 STATE ROAD A1A STE 3 1.3 STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE TITLE 21 TITLE Change ■ Addition NAME ROBERTS, DAVIS M 22 NAME STREET ADDRESS 880 STATE ROAD A1A STE 3 23 STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 5.1 TITLE NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

14. Thereby 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 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.

2/3/98