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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000015462 (0) JERK CITY, INC.

Principal Place of Business

Mailing Address

FILED May 14 1997 8:00am Secretary of State



PORT ST LUCIE FL 34952		9007 S FEDERAL HWY PORT ST LUCIE FL 34952-2353		N				
					3. Date Incorporated or Qualified 02/16/1996	3a. Date of Last I	Report	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	.1	anting Fac		
21		26			65-0648078	, A	pplied For	
Suite, Apt.	# etc	Suite, Apt. #, etc.						
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip			Coun	lry	8. This corporation has liability for intangible tax under s 199.032,			
24	25 29 30		30	Florida Statutes Yes No		s 199.032,		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
НАМ	ILTON, CARLENE A		ε	1 Name	101	iotorou Agent		
8007 S FEDERAL HWY			ε		Street Address (P.O. Box Number is Not Acceptable)			
PORT ST LUCIE FL 34952				3				
]			"					
				4 City		- FL ' '	Code	
i oπice or r	to the provisions of Sections 607.05 egistered agent, or both, in the Statim familiar with, and accept the oblig	e of Florida. Such change was a	sufhorized.	by the corpor	rporation submits this statement for the pu alion's board of directors. I hereby accept	rpose of changing i the appointment as	ts registered registered	
SIGNATURE	Signature, typed or printed name of registered ag	gent and little if applicabile. (NOT)	Registered /	ocel sonature reo	ulified wher: reinstating)	DATE		
12.		ND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICE		RS IN 12	
TITLE	D	DELETE	1.1 TITL			Change	Addition	
NAME	HAMILTON, CARLENE A		1.2 NAM			L., Grange		
STREET ADDRESS	5261 NW EVER ROAD			E1 ADDRESS				
CITY-ST-ZIP	PORT ST LUCIE FL 34983			1				
TITLE	D	DELETE	2.1 101.6	- \$1- 7 IP		Change	- Addis-	
NAME	HAMITON DAVID A					L_1 change		
	5281 NW EVER ROAD		2.2 NAM					
STREET ADDRESS	PORT ST LUCIE FL 34983		2.3 S1RE	ET ADDRESS			ļ	
CITY-ST-ZIP	TONI OI LOOK PE 34903	DOLLET		'-\$1-ZIP				
TITLE		☐ DELETE	3.4 TITUE			☐ Change	Addition	
NAME			3.2 NAM					
STREET ADDRESS			3.3 STRE	F1 ADDRESS				
CITY-ST-ZIP		Dr. see	3.4. CITY					
TITLE		☐ DETE1E	4.1 TITLE	ľ		☐ Change	Addition	
NAME .			4.2 NAM	IE				
STREET ADDRESS			4.3 STRE	E1 ADDRESS				
CITY-ST-ZIP			4.4 CITY	-ST-7IP				
TITLE		L_1 DELETE	5.1 1111.6	-		Change	Addition	
NAME			5.2 NAM				ļ	
STREET ADDRESS			5.3 STRE	et address				
CITY-ST-ZIP			5.4 CITY	-\$1-7IP				
TITLE		☐ DELETE 🐰	61 10 LE			☐ Change	Addition	
NAME		14	62 NAMI	:		-		
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY-ST-ZIP			6.4 City					
MA Left harak		of with this dilease days and a solit	O.4 OHT	01720	- L- O			

I go 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 teport 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 for an attaching it with an address.