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FILED

Mar 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000018310 (8)

1. Corporation Name  
JENSEN PLAZA, INC.



Principal Place of Business

P.O. BOX 1610  
JENSEN BEACH FL 34958

Mailing Address

P.O. BOX 1610  
JENSEN BEACH FL 34958-1610

3. Date Incorporated or Qualified

02/28/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2019087

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

81. Name

Frank Wachar Jr

82. Street Address (P.O. Box Number is Not Acceptable)

3860 NE Cheri Dr

83. City

84. City

Jensen Beach

FL

85. Zip Code

34957

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or officer and director if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-5-97

12. OFFICERS AND DIRECTORS

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY - ST - ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY - ST - ZIP

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY - ST - ZIP

27. TITLE

28. NAME

29. STREET ADDRESS

30. CITY - ST - ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

35. TITLE

36. NAME

37. STREET ADDRESS

38. CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY - ST - ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY - ST - ZIP

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY - ST - ZIP

27. TITLE

28. NAME

29. STREET ADDRESS

30. CITY - ST - ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0474341

CR2E034 (9/96)