

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000024079 (1)

1. Corporation Name
JIMSHARE, INC.

Principal Place of Business

802 D BAHIA DEL SOL
RUSKIN FL

Mailing Address

802 D BAHIA DEL SOL
RUSKIN FL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 813 E Blamingdale		26 3021 Ridgevale Cir.		03/12/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 # 427		27		59-3405061	
City & State		City & State		5. Certificate of Status Desired	
23 BRANDON, FL.		28 VALRICO, FL.		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24 33511		29 33594		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		7. This corporation owes or has paid the current year Intangible	
25		30 Hillsborough		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
VOTOUR, JAMES E JR 802 D BAHIA DEL SOL RUSKIN FL				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	VOTOUR, JAMES E JR	
STREET ADDRESS	802 D BAHIA DEL SOL	
CITY-ST-ZIP	RUSKIN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	IMMEL, SHARON	
STREET ADDRESS	802 D BAHIA DEL SOL	
CITY-ST-ZIP	RUSKIN FL	
TITLE	SHARON VOTOUR	<input type="checkbox"/> DELETE
NAME	Sec/Treas	
STREET ADDRESS	3021 Ridgevale Circle	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VOTOUR, James E. JR.
1.3 STREET ADDRESS	3021 Ridgevale Circle
1.4 CITY-ST-ZIP	Valrico, FL 33594
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	SHARON VOTOUR
2.4 CITY-ST-ZIP	3021 Ridgevale Circle
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sec/Treas.
3.3 STREET ADDRESS	SHARON VOTOUR
3.4 CITY-ST-ZIP	3021 Ridgevale Cir.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

Sec/Treas Sharon Votour

4-15-98 (813)
643-1879

CR2E034 (10/97)