
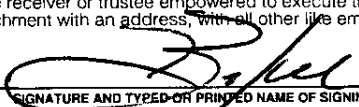


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90032 005 ***150.00

DOCUMENT # P96000044747 1. Entity Name JENDEL CORPORATION			
Principal Place of Business 4890 W KENNEDY BLVD SUITE 550 TAMPA FL 33609		Mailing Address 4890 W KENNEDY BLVD SUITE 550 TAMPA FL 33609	
2. Principal Place of Business SAME		3. Mailing Address SAME	
Suite, Apt. #, etc. NEW # 490		Suite, Apt. #, etc. NEW # 490	
City & State SAME		City & State SAME	
Zip 33609	Country Hills	Zip 33609	Country Hills
6. Name and Address of Current Registered Agent BURKE, MICHAEL 4890 W KENNEDY BLVD SUITE 550 TAMPA FL 33609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME BURKE, MICHAEL	<input type="checkbox"/> Delete	
STREET ADDRESS 4890 W KENNEDY BLVD 550	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP TAMPA FL 33609	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V	NAME BURKE, JENNIFER L	<input type="checkbox"/> Delete	
STREET ADDRESS 4890 W. KENNEDY BLVD., #550	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP TAMPA FL 33609	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	<input type="checkbox"/> Delete		
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	<input type="checkbox"/> Delete		
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	<input type="checkbox"/> Delete		
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Michael Burke	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-14-04 Daytime Phone # 613-281-2040	