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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P96000048343 (3)**

1. Corporation Name
JVP ENTERPRISES, INC.

Principal Place of Business	Mailing Address
245 NW HICKORY STREET WEST MELBOURNE FL 32904	245 NW HICKORY STREET WEST MELBOURNE FL 32904-3513

3. Date Incorporated or Qualified: **05/30/1996**
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3380605** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

FRESE, GARY B
930 SO. HARBOR CITY BLVD.
STE 505
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

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 P.J.WHITE SECRETARY/TREASURER ERROR 4-11-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not printed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	WHITE, TRACY P		1.2 NAME	WHITE, TRACY P	
STREET ADDRESS	245 NW HICKORY STREET		1.3 STREET ADDRESS	245 NW HICKORY STREET	
CITY-ST-ZIP	WEST MELBOURNE FL 32904		1.4 CITY-ST-ZIP	WEST MELBOURNE FL 32904	
TITLE	D	☐ DELETE	2.1 TITLE	S/T	☑ Change ☐ Addition
NAME	WHITE, PETER J		2.2 NAME	WHITE, PETER J	
STREET ADDRESS	245 NW HICKORY STREET		2.3 STREET ADDRESS	245 NW HICKORY STREET	
CITY-ST-ZIP	WEST MELBOURNE FL 32904		2.4 CITY-ST-ZIP	WEST MELBOURNE FL 32904	
TITLE		☐ DELETE	3.1 TITLE		☐ 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	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 P.J.WHITE SECRETARY/TREASURER 4-11-97