SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT ** CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000056801 (9)

JNW & ASSOCIATES, INC.

APPHOVED AND FILED

97 AUG 12 AM 11:28

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address						1440 - S elon Opoli o di 9 0 31 9 1 1 9 3	Д
11263 RIVER BLUFFS CIRCLE BRADENTON FL 34202		11263 RIVER BLUFFS CIRCLE BRADENTON FL 34202			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 3a. 07/05/1996	Date of Last Report	
2. Principal P	lace of Business	2a. Maying Address			4. FEI Number	Applied Fe	or
21		26 PD 1304 3319			65-0681775	Not Applic	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired \$8.75 Additional		
22		27		<u> </u>	5. Certificate of Status Desired	Fee Required	
City & State	8	City State		51	6. Election Campaign Financing	\$5.00 May Be	
23		28 JA RASO TI		1-2-	Trust Fund Contribution	Added to Fees	
Zip	Country 25	34730	Cour	1164	This corporation owes or has paid the operation of the Personal Property Tax due June 30.	current year Intangible D Yes No	'
24	9. Name and Address of Current		30]	40.111	10. Name and Address of New Registere		\dashv
44.00		nogoto ou rigoni		81 Name	1		$\neg \neg$
	ERILAWYER CHARTERED ALMERIA AVENUE			00 000000	JOSEPH N. Wetmor	e, UR	
	RAL GABLES FL 33134			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	Ciecle	
COF	THE GABLES PE 33134		ľ	83	7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\neg
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ļ				B4 City P	radenton F	L 85 3428 6	ا يو
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove-named cor	poration submits this statement for the purpose	of changing its regist	tered
office or re agent. I a	egistered agent, or both, in the State of m familiar widt, and accept the obligat	of Florida. Such change was a tidns o <u>. Sect</u> ion 60 7/ 0505, Flo	utnorized rida Stati	i by the corpora ites.	ation's board of directors. I hereby accept the a	ppointment as register	180
SIGNATURE	V Userah N IA	the sand					ļ
SIGNATURE	Signature Mynd or print I name of registered agen			Agent signature requ	uired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TO	ļ .	•	☐ Change ☐ Ac	adilion
NAME	WETMORE, JOSEPH N JR.		1.2 NA		error arms arms arms arms error error error arms.	ant 2	>
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STREET ADDRESS			5.3 ST	REET ADDRESS	(1 Mis		
CITY-ST-ZIP			5.4 CI	Y-ST-ZIP	U. Glaw		
TITLE		DELETE	6.1 TIT		Q/, ,	Change A	ddition
NAME			6.2 NA	ME	9/12/02		
STREET ADDRESS			6.3 ST	REET ADDRESS	(1777		
CITY-ST-ZIP			6.4 CI	IY-ST-ZIP			

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 algorithm with an address.

A Professional Accountancy Corporation

Certified Public Accountants with Masters Degrees in Taxation

Established 1971 - Member of AICPA/Tax Division and FICPA

George V. Famiglio, Jr., CPA/PFS, CFP Masters Degree in Taxation Admitted to Practice U.S. Tax Court

Jane D. Famiglio D/Executive Director Catherine M. Astronskas Certified Public Accountant

Yolanda M. Czerwinski Sr. Staff Accountant

August 4, 1997

Division of Corporation P.O.Box 6327 Tallahassee, FL 32314

RE: JNW & Associates, Inc., EIN#65-0681775, P96000056801, Form: 201 Cor Profit A/R

Our client listed above has never received from you the initial Notice for Annual Report with a fee of \$165.00 due. Enclosed you will find the report duly signed and check attached for Annual Fee of \$165.00. Please waive the penalty for filing late since the original report was never received.

I would like to ask you kindly to respond in writing and confirm your favorable decision.

If you have any questions, please do not hesitate to call our office. Thank you.

Sincerely,

Catherine Astronskas Certified Public Accountant