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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000062856 (5)

JARAL, INC.

FILED
May 08 1998 8:00am
Secretary of State



				<u> </u>	
Principal Place	e of Business	Mailing Address			ILIO (180) (E10) GIVI GIVI (94)
602 PEACHTREE ST. COCOA FL 32922		P O BOX 604			
		TITUSVILLE FL 32781 US		DO NOT WRITE IN THIS SPACE	
		00		3. Date Incorporated or Qualified	
				07/25/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 602 PEACHTREE ST		26 POBOX 604		NOT APPLICABLE	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State  Co COM, FL,		City & State	E,	6. Election Campaign Financing	\$5.00 May Be Added to Fees
	Country	28 TITUSVILLE	Country	Trust Fund Contribution	
Zip 24/329.		29 3278/ 29 3293	อีนเร.A	<ol> <li>This corporation owes or has paid the of Personal Property Tax due June 30.</li> </ol>	Yes No
24 / 00/.	25 U(つ)/ 1 9. Name and Address of Curren		<u></u>	10. Name and Address of New Registere	
PERRY, JOYCE C 802 PEACHTREE ST. COCOA FL 32922			81 Name		
			B2 Street Add	fress (P.O. Box Number is Not Acceptable)	
			Sireer Auc	ness (F.O. Box Number is Not Acceptable)	
			63		
			84 City		85 Zip Code
			84 City	F	L 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					
Standard, typed or printed harde of registated agent and oblient applicable (NOTE: Rogistored Agent signature required when reinstating). DATE					
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 S Change Addition
TITLE	D DEDOV JOYOF O	☐ DELETE	1.1 TITLE		C Creatings C Manager 1
NAME	PERRY, JOYCE C		1.2 NAME		8
STREET ADDRESS	602 PEACHTREE ST. COCOA FL 32922		1.3 STREET ADDRESS		L
CITY-ST-ZIP TITLE	COCOA PL 32822	DELETE	1.4 CITY - \$1 - ZIP 2.1 TITLE		Change Addition
NAME		precie	2.2 NAME	·	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
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		
TMLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.9 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	The state	5.4 City-St-ZiP		Change Addition
TITLE	.!	☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			62 NAMF		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	notification that the information considered	ith this filing stope not a solity for	64 CITY-ST-ZIP	n Section 119 07(3)(i) Florida Statutes I further	certify that the information

4. Thereby 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 of 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 without address.

James C. Ceste

4- 27- 98

417-132-3922