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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070224 (6)

JACOB CONSULTING GROUP, INC.

Principal Place of Business

Mailing Address

213 S. MATANZAS AVENUE TAMPA FL 33609

2. Principal Place of

213 S. MATANZAS AVENUE TAMPA FL 33609-3010

FILED Apr 28 1997 8:00am Secretary of State



3a, Date of Last Report

Applied For

3. Date Incorporated or Qualified

08/21/1996

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additio	anal
City & Stat					b. Certificate of Status Desired	Fee Required	
3 Tam	pa, 77 28	City & State	忆.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May B Added to Fee	
4 3360	25 Hillsboroush 29		30 411	sborough		Yes No	032,
	9. Name and Address of Current Registe	red Agent			10. Name and Address of New F	Registered Agent	
BURDEN, BRIAN A ESQ. 215 W. VERNE STREET SUITE D TAMPA FL 33609				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83			
				City		FL 85 Zip Code	
11. Pursuant office or agent. I a SIGNATURE	to the provisions of Sections 607.0502 and 607 registered agent, or both, in the State of Florida am familiar with, and accept the obligations of the section of the sectio	Section 607.0505, F	lorida Statute	e-named corporation the corporation is a signature require		e purpose of changing its regis cept the appointment as regist	stered tered
12.	OFFICERS AND DIRECT		13.	an signatore require	ADDITIONS/CHANGES TO OFF		10
TITLE	DPST	DELETE	1.1 Title		ADDITIONS/CHANGES TO OFF		Addition
	JACOB, DIANNE	Dittie		l l		C change CJ	Accilion
NAME			1.2 NAME				
STREET ADDRESS	213 S. MATANZAS AVENUE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL 33609		1.4 CITY - 8	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ #	Addition
NAME			2.2 NAMÉ	1			
STREET ADDRESS	1		2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 City-	S1 - ZIP		*	
TITLE		DELETE	3.1 TITLE			Change A	Addilion
NAME	İ		3.2 NAME	1			
STREET ADDRESS			3.3 STREET	PPRECIO			
CITY-ST-ZIP			3 4. C(1)				
TITLE		DELETE	4.1 YITLE	51-20		Change A	Addition
NAME	1		4, 2 NAME	İ			
STREET ADDRESS			4.2 HAWE	ADDDECC			
	<u> </u>		1	Y			
CITY-ST-ZIP	 	DELETE	4.4 CITY-5	ST-ZIP		Change	Addite-
TITLE		- OFFE IF	5.1 7171.8			∐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY - S	31 - ZIP			
TITLE		DELETE	6.1 TITLE			Change A	Addition
NAME			6 2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 Cily - 5				
14. I do here	by certify that the information supplied with this on indicated on this annual report or supplement	filing does not qua	lify for the exe	emption stated	in Section 119.07(3)(i), Florida Statu	ites. I further certify that the	ath: the