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 #

P96000072612 (0)

DC JASS, INC.

Pr	incipal	Place	of E	Jusi	ness	5			

Mailing Address

FILED Jan 16 1998 8:00am Secretary of State



22448 LACOMBE AVE. PORT CHARLOTTE FL 33952				22448 LACOMBE AVE. PORT CHARLOTTE FL 33952								
FOR CHARLOTTE PE 3332				JUL			DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualified				
								08/30/1996				
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		IA	pplied For	
21				26				65-0734799		N	ot Applicable	
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.					7	58.75	Additional	
22				27				5. Certificate of Status Desired		Fee R	equired	
City & State				City & State				6. Election Campaign Financing		\$5.00	May Be	
23	23			28				Trust Fund Contribution		Added	to Fees	
Zip	Zip Country			Zip Country				8. This corporation owes or has paid the current year intangible				
24				9 30				Personal Property Tax due June 30. X Yes No				
	g, Name	and Address of Current	Registere	d Agent		10. Name and Address of New Registered Agent						
i PA	RTRIDGE, J	OHN				81 Name					i	
22448 LACOMBE AVE.				82 Street Add			Street Addre	ddress (P.O. Box Number is Not Acceptable)				
PO	RT CHARLO	TTE FL 33952		dz Sireet Adr				(re. partialization in the respective				
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{					(*	84	City			5∫ Zîp	Code	
11. Pursuant	to the provision	ons of Sections 607.0502	and 607.1	508, Florida Statut	es, the abo	ove	-named corpo	pration submits this statement for the purp	ose of cha	anging i	ts registered	
office or r	egistered age	ent, or both, in the State of	f Florida.	Such change was a	authorized	bу	the corporation	oration submits this statement for the purp on's board of directors. I hereby accept th	ne appoint	ment as	registered	
ſ	m rammar wit	n, and accept the obligat	ioris or, se	1611011 607.0303, FIG	Jida Statu	les.						
SIGNATURE	Slovenice broad	or printed name of registered agent	and title if any	oticable (NOTI	F: Booistored	Actor	nt signature required	d when rejectation)	DATE			
12.	5.6	OFFICERS AND			13.	-		ADDITIONS/CHANGES TO OFFICER		RECTO	RS IN 12	
TITLE	PD			DELETE	1,1 YITL	E				Спапре	L Addition	
NAME		GE JOHN D			1.2 NAM		1		_	•	_ {	
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					1.4 CITY-ST-ZIP			•			1	
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14. I hereby certify that the information supplied with this filling 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