


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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000077540 (8)**

1. Corporation Name

JMJ OF TAMPA, INC.



Principal Place of Business

Mailing Address

**100 N. TAMPA STREET #2150
TAMPA FL 33602**

**100 N. TAMPA STREET #2150
TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/17/1996	
21 511 W BAY ST		26 P.O. Box 10477		4. FEI Number 59-3401026	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 Suite 400		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 TAMPA, FL		City & State 28 TAMPA, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 33606	Country 25 USA	Zip 29 33679	Country 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WURDEMAN, JAMES E
100 N. TAMPA STREET #2150
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 511 W BAY ST., Suite 400
83
84 City TAMPA FL 85 Zip Code 33606

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



Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

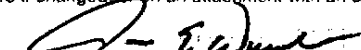
4-29-98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WURDEMAN, JAMES E	1.2 NAME	
STREET ADDRESS	100 N. TAMPA STREET #2150	1.3 STREET ADDRESS	P.O. Box 10477 N/A
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	TAMPA, FL 33679
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANTON, JOHN	2.2 NAME	
STREET ADDRESS	100 N. TAMPA STREET #2150	2.3 STREET ADDRESS	P.O. Box 10477 N/A
CITY-ST-ZIP	TAMPA FL 33602	2.4 CITY-ST-ZIP	TAMPA, FL 33679
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONROY, MICHAEL P	3.2 NAME	
STREET ADDRESS	100 N. TAMPA STREET #2150	3.3 STREET ADDRESS	P.O. Box 10477 N/A
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP	TAMPA, FL 33679
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:



4-29-98

818-259-4077

CR2E034 (10/97)