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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

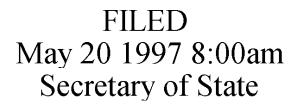
Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000083531 (9)

JG ENTERPRISES SYSTEMS, INC.

Princip	al Place of	Business

Mailing Address





BOCA RATON FL 33432	BOCA RATON FL 33427-3541			
		-	Date Incorporated or Qualified 3a.	Date of Last Report
			10/09/1996	
2. Principal Place of Business	2a. Mailing Add ess	> >5/1	4. FEI Number	Applied For
21 390 West Palmeto PK rd'	26 P.O. BOX 2-	7-0241	66-0700521	Not Applicable
Suite, Apt. #, etc. 22 APT ASI/	Suite, Apt. #, etc.	:	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	28 DOCA Paton		6. Election Campaign Financing	\$5.00 May Be
	28 DOCH VECTON		Trust Fund Contribution	Added to Fees
Zip Country 26 V S 44	Zip 33437 Gountry 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
9, Name and Address of Current	29 ろうてって 30 Registered Agent	0 3 1	Florida Statutes Yes 10. Name and Address of New Registere	
AMERILAWYER CHARTERED	.,	81 Name		
343 ALMERIA AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134		. Dz Sileel Add	ress (F.O. Box Number is Not Acceptable)	
		83		
		84 City		85 Zip Code
			F	L
 Pursuant to the provisions of Sections 607,0502 office or registered agent, or both, in the State of 	and 607.1508, Florida Statutes, t	he above-named corpora	poration submits this statement for the purpose tion's board of directors. Thereby accept the s	e of changing its registered
agent. I am familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Statutes.	ment are no or executive reliably documents	Appending to tog store
SIGNATURE Signature, typed or printed name of registered agont	and the Handbalds (MOTE the	g slorod Agent signature requi	ired when reinstaling) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE PSTD	☐ DELETE	1,1 TO LE		ND DIRECTORS IN 12 Change Addition
NAME GRECO, JEFF M		1 2 NAME		2
STREET ADDRESS 390 WEST PALMETTO PARK R	DAD, APT. A511	13 STREET ADDRESS		<u>}</u>
CITY-ST-ZIP BOCA RATON FL 33432		1.4 CHY-ST-ZIP		
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
City-St-ZiP	DELETE	2, 4 CITY - ST - ZIF		Change Addition
TITLE NAME	□ bereit	3 1 TITLE		Change Addition
STREET ADDRESS	ł	3,2 NAME 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		
CTY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-\$1-ZIP		5 4 CITY-ST-ZIP		
TITLE	☐ DELETE	6 1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS	ŀ	6.3 STREET ADDRESS		
CITY-ST-ZIP	i	6.4 CITY-ST-ZIP		J

roo nereby 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:

lift gre